ICD-11

International Classification of Diseases for Mortality and Morbidity Statistics

Eleventh Revision

World Health Organization

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CHAPTER 06

Mental, behavioural or neurodevelopmental disorders

This chapter has 161 four-character categories.

Code range starts with 6A00

Mental, behavioural and neurodevelopmental disorders are syndromes characterized by clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour that reflects a dysfunction in the psychological, biological, or developmental processes that underlie mental and behavioural functioning. These disturbances are usually associated with distress or impairment in personal, family, social, educational, occupational, or other important areas of functioning.

Exclusions: Acute stress reaction (QE84)
Uncomplicated bereavement (QE62)

Coded Elsewhere: Sleep-wake disorders (7A00-7B2Z)
Sexual dysfunctions (HA00-HA0Z)
Gender incongruence (HA60-HA6Z)

This chapter contains the following top level blocks:

- Neurodevelopmental disorders
- Schizophrenia or other primary psychotic disorders
- Catatonia
- Mood disorders
- Anxiety or fear-related disorders
- Obsessive-compulsive or related disorders
- Disorders specifically associated with stress
- Dissociative disorders
- Feeding or eating disorders
- Elimination disorders
- Disorders of bodily distress or bodily experience
- Disorders due to substance use or addictive behaviours
- Impulse control disorders
- Disruptive behaviour or dissocial disorders
- Personality disorders and related traits
- Paraphilic disorders
- Factitious disorders
- Neurocognitive disorders

- Mental or behavioural disorders associated with pregnancy, childbirth and the puerperium
- Secondary mental or behavioural syndromes associated with disorders or diseases classified elsewhere

Neurodevelopmental disorders (BlockL1-6A0)

Neurodevelopmental disorders are behavioural and cognitive disorders that arise during the developmental period that involve significant difficulties in the acquisition and execution of specific intellectual, motor, or social functions. Although behavioural and cognitive deficits are present in many mental and behavioural disorders that can arise during the developmental period (e.g., Schizophrenia, Bipolar disorder), only disorders whose core features are neurodevelopmental are included in this grouping. The presumptive etiology for neurodevelopmental disorders is complex, and in many individual cases is unknown.

Coded Elsewhere: Primary tics or tic disorders (8A05.0)

Secondary neurodevelopmental syndrome (6E60)

6A00 **Disorders of intellectual development**

Disorders of intellectual development are a group of etiologically diverse conditions originating during the developmental period characterized by significantly below average intellectual functioning and adaptive behavior that are approximately two or more standard deviations below the mean (approximately less than the 2.3rd percentile), based on appropriately normed, individually administered standardized tests. Where appropriately normed and standardized tests are not available, diagnosis of disorders of intellectual development requires greater reliance on clinical judgment based on appropriate assessment of comparable behavioural indicators.

Note: Use additional code, if desired, to identify any known aetiology.

6A00.0 Disorder of intellectual development, mild

A mild disorder of intellectual development is a condition originating during the developmental period characterized by significantly below average intellectual functioning and adaptive behaviour that are approximately two to three standard deviations below the mean (approximately 0.1 – 2.3 percentile), based on appropriately normed, individually administered standardized tests or by comparable behavioural indicators when standardized testing is unavailable. Affected persons often exhibit difficulties in the acquisition and comprehension of complex language concepts and academic skills. Most master basic self-care, domestic, and practical activities. Persons affected by a mild disorder of intellectual development can generally achieve relatively independent living and employment as adults but may require appropriate support.

6A00.1 Disorder of intellectual development, moderate

A moderate disorder of intellectual development is a condition originating during the developmental period characterized by significantly below average intellectual functioning and adaptive behaviour that are approximately three to four standard deviations below the mean (approximately 0.003 – 0.1 percentile), based on appropriately normed, individually administered standardized tests or by comparable behavioural indicators when standardized testing is unavailable. Language and capacity for acquisition of academic skills of persons affected by a moderate disorder of intellectual development vary but are generally limited to basic skills. Some may master basic self-care, domestic, and practical activities. Most affected persons require considerable and consistent support in order to achieve independent living and employment as adults.

6A00.2 Disorder of intellectual development, severe

A severe disorder of intellectual development is a condition originating during the developmental period characterized by significantly below average intellectual functioning and adaptive behaviour that are approximately four of more standard deviations below the mean (less than approximately the 0.003rd percentile), based on appropriately normed, individually administered standardized tests or by comparable behavioural indicators when standardized testing is unavailable. Affected persons exhibit very limited language and capacity for acquisition of academic skills. They may also have motor impairments and typically require daily support in a supervised environment for adequate care, but may acquire basic self-care skills with intensive training. Severe and profound disorders of intellectual development are differentiated exclusively on the basis of adaptive behaviour differences because existing standardized tests of intelligence cannot reliably or validly distinguish among individuals with intellectual functioning below the 0.003rd percentile.

6A00.3 Disorder of intellectual development, profound

A profound disorder of intellectual development is a condition originating during the developmental period characterized by significantly below average intellectual functioning and adaptive behaviour that are approximately four of more standard deviations below the mean (approximately less than the 0.003rd percentile), based on individually administered appropriately normed, standardized tests or by comparable behavioural indicators when standardized testing is unavailable. Affected persons possess very limited communication abilities and capacity for acquisition of academic skills is restricted to basic concrete skills. They may also have co-occurring motor and sensory impairments and typically require daily support in a supervised environment for adequate care. Severe and profound disorders of intellectual development are differentiated exclusively on the basis of adaptive behaviour differences because existing standardized tests of intelligence cannot reliably or validly distinguish among individuals with intellectual functioning below the 0.003rd percentile.

6A00.4 **Disorder of intellectual development, provisional**

Disorder of intellectual development, provisional is assigned when there is evidence of a disorder of intellectual development but the individual is an infant or child under the age of four or it is not possible to conduct a valid assessment of intellectual functioning and adaptive behaviour because of sensory or physical impairments (e.g., blindness, pre-lingual deafness), locomotor disability, severe problem behaviours or co-occurring mental and behavioural disorders.

6A00.Z **Disorders of intellectual development, unspecified**

6A01 Developmental speech or language disorders

Developmental speech or language disorders arise during the developmental period and are characterized by difficulties in understanding or producing speech and language or in using language in context for the purposes of communication that are outside the limits of normal variation expected for age and level of intellectual functioning. The observed speech and language problems are not attributable to social or cultural factors (e.g., regional dialects) and are not fully explained by anatomical or neurological abnormalities. The presumptive etiology for Developmental speech or language disorders is complex, and in many individual cases is unknown.

6A01.0 **Developmental speech sound disorder**

Developmental speech sound disorder is characterized by difficulties in the acquisition, production and perception of speech that result in errors of pronunciation, either in number or types of speech errors made or the overall quality of speech production, that are outside the limits of normal variation expected for age and level of intellectual functioning and result in reduced intelligibility and significantly affect communication. The errors in pronunciation arise during the early developmental period and cannot be explained by social, cultural, and other environmental variations (e.g., regional dialects). The speech errors are not fully explained by a hearing impairment or a structural or neurological abnormality.

Inclusions: Functional speech articulation disorder

Exclusions: Deafness not otherwise specified (AB52)

Diseases of the nervous system (chapter 08)

Dysarthria (MA80.2)

6A01.1 **Developmental speech fluency disorder**

Developmental speech fluency disorder is characterized by persistent and frequent or pervasive disruption of the rhythmic flow of speech that arises during the developmental period and is outside the limits of normal variation expected for age and level of intellectual functioning and results in reduced intelligibility and significantly affects communication. It can involve repetitions of sounds, syllables or words, prolongations, word breaks, blockage of production, excessive use of interjections, and rapid short bursts of speech.

Exclusions: Tic disorders (8A05)

6A01.2 Developmental language disorder

Developmental language disorder is characterized by persistent difficulties in the acquisition, understanding, production or use of language (spoken or signed), that arise during the developmental period, typically during early childhood, and cause significant limitations in the individual's ability to communicate. The individual's ability to understand, produce or use language is markedly below what would be expected given the individual's age and level of intellectual functioning. The language deficits are not explained by another neurodevelopmental disorder or a sensory impairment or neurological condition, including the effects of brain injury or infection.

Exclusions: Autism spectrum disorder (6A02)

Diseases of the nervous system (chapter 08)

Deafness not otherwise specified (AB52)

Selective mutism (6B06)

6A01.20 Developmental language disorder with impairment of receptive and expressive language

Developmental language disorder with impairment of receptive and expressive language is characterized by persistent difficulties in the acquisition, understanding, production, and use of language that arise during the developmental period, typically during early childhood, and cause significant limitations in the individual's ability to communicate. The ability to understand spoken or signed language (i.e., receptive language) is markedly below the expected level given the individual's age and level of intellectual functioning, and is accompanied by persistent impairment in the ability to produce and use spoken or signed language (i.e., expressive language).

Inclusions: developmental dysphasia or aphasia, receptive type

developmental Wernicke aphasia

Exclusions: acquired aphasia with epilepsy [Landau-Kleffner] (8A62.2)

Autism spectrum disorder (6A02)

Selective mutism (6B06)

dysphasia NOS (MA80.1)

Diseases of the nervous system (chapter 08)

Deafness not otherwise specified (AB52)

6A01.21 Developmental language disorder with impairment of mainly expressive language

Developmental language disorder with impairment of mainly expressive language is characterized by persistent difficulties in the acquisition, production, and use of language that arise during the developmental period, typically during early childhood, and cause significant limitations in the individual's ability to communicate. The ability to produce and use spoken or signed language (i.e., expressive language) is markedly below the expected level given the individual's age and level of intellectual functioning, but the ability to understand spoken or signed language (i.e., receptive language) is relatively intact.

Inclusions: Developmental dysphasia or aphasia, expressive type

Exclusions: acquired aphasia with epilepsy [Landau-Kleffner] (8A62.2)

Selective mutism (6B06)

dysphasia and aphasia: developmental, receptive type (6A01.20)

dysphasia NOS (MA80.1)

aphasia NOS (MA80.0)

Diseases of the nervous system (chapter 08)

Deafness not otherwise specified (AB52)

6A01.22 Developmental language disorder with impairment of mainly pragmatic language

Developmental language disorder with impairment of mainly pragmatic language is characterized by persistent and marked difficulties with the understanding and use of language in social contexts, for example making inferences, understanding verbal humour, and resolving ambiguous meaning. These difficulties arise during the developmental period, typically during early childhood, and cause significant limitations in the individual's ability to communicate. Pragmatic language abilities are markedly below the expected level given the individual's age and level of intellectual functioning, but the other components of receptive and expressive language are relatively intact. This qualifier should not be used if the pragmatic language impairment is better explained by Autism Spectrum Disorder or by impairments in other components of receptive or expressive language.

Exclusions: Autism spectrum disorder (6A02)

Diseases of the nervous system (chapter 08)

Selective mutism (6B06)

6A01.23 Developmental language disorder, with other specified language impairment

Developmental language disorder with other specified language impairment is characterized by persistent difficulties in the acquisition, understanding, production or use of language (spoken or signed), that arise during the developmental period and cause significant limitations in the individual's ability to communicate. The pattern of specific deficits in language abilities is not adequately captured by any of the other developmental language disorder categories.

Exclusions: Autism spectrum disorder (6A02)

Diseases of the nervous system (chapter 08)

Disorders of intellectual development (6A00)

Selective mutism (6B06)

6A01.Y **Other specified developmental speech or language disorders**

6A01.Z **Developmental speech or language disorders, unspecified**

6A02 **Autism spectrum disorder**

Autism spectrum disorder is characterized by persistent deficits in the ability to initiate and to sustain reciprocal social interaction and social communication, and by a range of restricted, repetitive, and inflexible patterns of behaviour and interests. The onset of the disorder occurs during the developmental period, typically in early childhood, but symptoms may not become fully manifest until later, when social demands exceed limited capacities. Deficits are sufficiently severe to cause impairment in personal, family, social, educational, occupational or other important areas of functioning and are usually a pervasive feature of the individual's functioning observable in all settings, although they may vary according to social, educational, or other context. Individuals along the spectrum exhibit a full range of intellectual functioning and language abilities.

Inclusions: Autistic disorder

Pervasive developmental delay

Exclusions: Developmental language disorder (6A01.2)

Schizophrenia or other primary psychotic disorders (BlockL1-6A2)

6A02.0 **Autism spectrum disorder without disorder of intellectual development and with mild or no impairment of functional language**

All definitional requirements for autism spectrum disorder are met, intellectual functioning and adaptive behaviour are found to be at least within the average range (approximately greater than the 2.3rd percentile), and there is only mild or no impairment in the individual's capacity to use functional language (spoken or signed) for instrumental purposes, such as to express personal needs and desires.

6A02.1 **Autism spectrum disorder with disorder of intellectual development and with mild or no impairment of functional language**

All definitional requirements for both autism spectrum disorder and disorder of intellectual development are met and there is only mild or no impairment in the individual's capacity to use functional language (spoken or signed) for instrumental purposes, such as to express personal needs and desires.

6A02.2 **Autism spectrum disorder without disorder of intellectual development and with impaired functional language**

All definitional requirements for autism spectrum disorder are met, intellectual functioning and adaptive behaviour are found to be at least within the average range (approximately greater than the 2.3rd percentile), and there is marked impairment in functional language (spoken or signed) relative to the individual's age, with the individual not able to use more than single words or simple phrases for instrumental purposes, such as to express personal needs and desires.

6A02.3 **Autism spectrum disorder with disorder of intellectual development and with impaired functional language**

All definitional requirements for both autism spectrum disorder and disorder of intellectual development are met and there is marked impairment in functional language (spoken or signed) relative to the individual's age, with the individual not able to use more than single words or simple phrases for instrumental purposes, such as to express personal needs and desires.

6A02.4 **Autism spectrum disorder without disorder of intellectual development and with absence of functional language**

All definitional requirements for autism spectrum disorder are met, intellectual functioning and adaptive behaviour are found to be at least within the average range (approximately greater than the 2.3rd percentile), and there is complete, or almost complete, absence of ability relative to the individual's age to use functional language (spoken or signed) for instrumental purposes, such as to express personal needs and desires.

6A02.5 **Autism spectrum disorder with disorder of intellectual development and with absence of functional language**

All definitional requirements for both autism spectrum disorder and disorder of intellectual development are met and there is complete, or almost complete, absence of ability relative to the individual's age to use functional language (spoken or signed) for instrumental purposes, such as to express personal needs and desires

6A02.Y **Other specified autism spectrum disorder**

6A02.Z **Autism spectrum disorder, unspecified**

6A03 Developmental learning disorder

Developmental learning disorder is characterized by significant and persistent difficulties in learning academic skills, which may include reading, writing, or arithmetic. The individual's performance in the affected academic skill(s) is markedly below what would be expected for chronological age and general level of intellectual functioning, and results in significant impairment in the individual's academic or occupational functioning. Developmental learning disorder first manifests when academic skills are taught during the early school years. Developmental learning disorder is not due to a disorder of intellectual development, sensory impairment (vision or hearing), neurological or motor disorder, lack of availability of education, lack of proficiency in the language of academic instruction, or psychosocial adversity.

Exclusions: Symbolic dysfunctions (MB4B)

6A03.0 Developmental learning disorder with impairment in reading

Developmental learning disorder with impairment in reading is characterized by significant and persistent difficulties in learning academic skills related to reading, such as word reading accuracy, reading fluency, and reading comprehension. The individual's performance in reading is markedly below what would be expected for chronological age and level of intellectual functioning and results in significant impairment in the individual's academic or occupational functioning. Developmental learning disorder with impairment in reading is not due to a disorder of intellectual development, sensory impairment (vision or hearing), neurological disorder, lack of availability of education, lack of proficiency in the language of academic instruction, or psychosocial adversity.

Inclusions: Developmental dyslexia

Exclusions: Disorders of intellectual development (6A00)

6A03.1 Developmental learning disorder with impairment in written expression

Developmental learning disorder with impairment in written expression is characterized by significant and persistent difficulties in learning academic skills related to writing, such as spelling accuracy, grammar and punctuation accuracy, and organization and coherence of ideas in writing. The individual's performance in written expression is markedly below what would be expected for chronological age and level of intellectual functioning and results in significant impairment in the individual's academic or occupational functioning. Developmental learning disorder with impairment in written expression is not due to a disorder of intellectual development, sensory impairment (vision or hearing), a neurological or motor disorder, lack of availability of education, lack of proficiency in the language of academic instruction, or psychosocial adversity.

Exclusions: Disorders of intellectual development (6A00)

6A03.2 Developmental learning disorder with impairment in mathematics

Developmental learning disorder with impairment in mathematics is characterized by significant and persistent difficulties in learning academic skills related to mathematics or arithmetic, such as number sense, memorization of number facts, accurate calculation, fluent calculation, and accurate mathematic reasoning. The individual's performance in mathematics or arithmetic is markedly below what would be expected for chronological or developmental age and level of intellectual functioning and results in significant impairment in the individual's academic or occupational functioning. Developmental learning disorder with impairment in mathematics is not due to a disorder of intellectual development, sensory impairment (vision or hearing), a neurological disorder, lack of availability of education, lack of proficiency in the language of academic instruction, or psychosocial adversity.

Exclusions: Disorders of intellectual development (6A00)

6A03.3 **Developmental learning disorder with other specified impairment of learning**

Developmental learning disorder with other specified impairment of learning is characterized by significant and persistent difficulties in learning academic skills other than reading, mathematics, and written expression. The individual's performance in the relevant academic skill is markedly below what would be expected for chronological age and level of intellectual functioning and results in significant impairment in the individual's academic or occupational functioning. Developmental learning disorder with other specified impairment of learning is not due to a disorder of intellectual development, sensory impairment (vision or hearing), neurological disorder, lack of availability of education, lack of proficiency in the language of academic instruction, or psychosocial adversity.

Exclusions: Disorders of intellectual development (6A00)

6A03.Z **Developmental learning disorder, unspecified**

6A04 **Developmental motor coordination disorder**

Developmental motor coordination disorder is characterized by a significant delay in the acquisition of gross and fine motor skills and impairment in the execution of coordinated motor skills that manifest in clumsiness, slowness, or inaccuracy of motor performance. Coordinated motor skills are substantially below that expected given the individual's chronological age and level of intellectual functioning. Onset of coordinated motor skills difficulties occurs during the developmental period and is typically apparent from early childhood. Coordinated motor skills difficulties cause significant and persistent limitations in functioning (e.g., in activities of daily living, school work, and vocational and leisure activities). Difficulties with coordinated motor skills are not solely attributable to a Disease of the Nervous System, Disease of the Musculoskeletal System or Connective Tissue, sensory impairment, and not better explained by a Disorder of Intellectual Development.

Exclusions: Abnormalities of gait and mobility (MB44)

Diseases of the musculoskeletal system or connective tissue (chapter 15)

Diseases of the nervous system (chapter 08)

6A05 Attention deficit hyperactivity disorder

Attention deficit hyperactivity disorder is characterized by a persistent pattern (at least 6 months) of inattention and/or hyperactivity-impulsivity, with onset during the developmental period, typically early to mid-childhood. The degree of inattention and hyperactivity-impulsivity is outside the limits of normal variation expected for age and level of intellectual functioning and significantly interferes with academic, occupational, or social functioning. Inattention refers to significant difficulty in sustaining attention to tasks that do not provide a high level of stimulation or frequent rewards, distractibility and problems with organization. Hyperactivity refers to excessive motor activity and difficulties with remaining still, most evident in structured situations that require behavioural self-control. Impulsivity is a tendency to act in response to immediate stimuli, without deliberation or consideration of the risks and consequences. The relative balance and the specific manifestations of inattentive and hyperactive-impulsive characteristics varies across individuals, and may change over the course of development. In order for a diagnosis of disorder the behaviour pattern must be clearly observable in more than one setting.

Inclusions: attention deficit disorder with hyperactivity

attention deficit syndrome with hyperactivity

Exclusions: Autism spectrum disorder (6A02)

Disruptive behaviour or dissocial disorders (BlockL1-6C9)

6A05.0 Attention deficit hyperactivity disorder, predominantly inattentive presentation

All definitional requirements for attention deficit hyperactivity disorder are met and inattentive symptoms are predominant in the clinical presentation. Inattention refers to significant difficulty in sustaining attention to tasks that do not provide a high level of stimulation or frequent rewards, distractibility and problems with organization. Some hyperactive-impulsive symptoms may also be present, but these are not clinically significant in relation to the inattentive symptoms.

6A05.1 Attention deficit hyperactivity disorder, predominantly hyperactive-impulsive presentation

All definitional requirements for attention deficit hyperactivity disorder are met and hyperactive-impulsive symptoms are predominant in the clinical presentation. Hyperactivity refers to excessive motor activity and difficulties with remaining still, most evident in structured situations that require behavioural self-control. Impulsivity is a tendency to act in response to immediate stimuli, without deliberation or consideration of the risks and consequences. Some inattentive symptoms may also be present, but these are not clinically significant in relation to the hyperactive-impulsive symptoms.

6A05.2 **Attention deficit hyperactivity disorder, combined presentation**

All definitional requirements for attention deficit hyperactivity disorder are met. Both inattentive and hyperactive-impulsive symptoms are clinically significant, with neither predominating in the clinical presentation. Inattention refers to significant difficulty in sustaining attention to tasks that do not provide a high level of stimulation or frequent rewards, distractibility and problems with organization. Hyperactivity refers to excessive motor activity and difficulties with remaining still, most evident in structured situations that require behavioural self-control. Impulsivity is a tendency to act in response to immediate stimuli, without deliberation or consideration of the risks and consequences.

6A05.Y **Attention deficit hyperactivity disorder, other specified presentation**

6A05.Z **Attention deficit hyperactivity disorder, presentation unspecified**

6A06 Stereotyped movement disorder

Stereotyped movement disorder is characterized by voluntary, repetitive, stereotyped, apparently purposeless (and often rhythmic) movements that arise during the early developmental period, are not caused by the direct physiological effects of a substance or medication (including withdrawal), and markedly interfere with normal activities or result in self-inflicted bodily injury. Stereotyped movements that are non-injurious can include body rocking, head rocking, finger-flicking mannerisms, and hand flapping. Stereotyped self-injurious behaviours can include repetitive head banging, face slapping, eye poking, and biting of the hands, lips, or other body parts.

Exclusions: Tic disorders (8A05)

Trichotillomania (6B25.0)

Abnormal involuntary movements (MB46)

6A06.0 **Stereotyped movement disorder without self-injury**

This category should be applied to forms of Stereotyped movement disorder in which stereotyped behaviours markedly interfere with normal activities, but do not result in self-inflicted bodily injury. Stereotyped movement disorder without self-injury is characterized by voluntary, repetitive, stereotyped, apparently purposeless (and often rhythmic) movements that arise during the early developmental period, are not caused by the direct physiological effects of a substance or medication (including withdrawal), and markedly interfere with normal activities. Stereotyped movements that are non-injurious can include body rocking, head rocking, finger-flicking mannerisms, and hand flapping.

6A06.1 **Stereotyped movement disorder with self-injury**

This category should be applied to forms of Stereotyped movement disorder in which stereotyped behaviours result in self-inflicted bodily injury that is significant enough to require medical treatment, or would result in such injury if protective measures (e.g., helmet to prevent head injury) were not employed. Stereotyped movement disorder with self-injury is characterized by voluntary, repetitive, stereotyped, apparently purposeless (and often rhythmic) movements that arise during the early developmental period, are not caused by the direct physiological effects of a substance or medication (including withdrawal). Stereotyped movements that are self-injurious can include head banging, face slapping, eye poking, and biting of the hands, lips, or other body parts.

6A06.Z **Stereotyped movement disorder, unspecified**

6A0Y **Other specified neurodevelopmental disorders**

6A0Z **Neurodevelopmental disorders, unspecified**

Schizophrenia or other primary psychotic disorders (BlockL1-6A2)

Schizophrenia and other primary psychotic disorders are characterized by significant impairments in reality testing and alterations in behavior manifest in positive symptoms such as persistent delusions, persistent hallucinations, disorganized thinking (typically manifest as disorganized speech), grossly disorganized behavior, and experiences of passivity and control, negative symptoms such as blunted or flat affect and avolition, and psychomotor disturbances. The symptoms occur with sufficient frequency and intensity to deviate from expected cultural or subcultural norms. These symptoms do not arise as a feature of another mental and behavioural disorder (e.g., a mood disorder, delirium, or a disorder due to substance use). The categories in this grouping should not be used to classify the expression of ideas, beliefs, or behaviours that are culturally sanctioned.

Coded Elsewhere: Substance-induced psychotic disorders

Secondary psychotic syndrome (6E61)

6A20 **Schizophrenia**

Schizophrenia is characterized by disturbances in multiple mental modalities, including thinking (e.g., delusions, disorganization in the form of thought), perception (e.g., hallucinations), self-experience (e.g., the experience that one's feelings, impulses, thoughts, or behaviour are under the control of an external force), cognition (e.g., impaired attention, verbal memory, and social cognition), volition (e.g., loss of motivation), affect (e.g., blunted emotional expression), and behaviour (e.g.,behaviour that appears bizarre or purposeless, unpredictable or inappropriate emotional responses that interfere with the organization of behaviour). Psychomotor disturbances, including catatonia, may be present. Persistent delusions, persistent hallucinations, thought disorder, and experiences of influence, passivity, or control are considered core symptoms. Symptoms must have persisted for at least one month in order for a diagnosis of schizophrenia to be assigned. The symptoms are not a manifestation of another health condition (e.g., a brain tumour) and are not due to the effect of a substance or medication on the central nervous system (e.g., corticosteroids), including withdrawal (e.g., alcohol withdrawal).

Exclusions: Schizotypal disorder (6A22)

schizophrenic reaction (6A22)

Acute and transient psychotic disorder (6A23)

6A20.0 **Schizophrenia, first episode**

Schizophrenia, first episode should be used to identify individuals experiencing symptoms that meet the diagnostic requirements for Schizophrenia (including duration) but who have never before experienced an episode during which diagnostic requirements for Schizophrenia were met.

6A20.00 Schizophrenia, first episode, currently symptomatic

All definitional requirements for Schizophrenia, first episode in terms of symptoms and duration are currently met, or have been met within the past one month.

6A20.01 Schizophrenia, first episode, in partial remission

All definitional requirements for Schizophrenia, first episode in terms of symptoms and duration were previously met. Symptoms have ameliorated such that the diagnostic requirements for the disorder have not been met for at least one month, but some clinically significant symptoms remain, which may or may not be associated with functional impairment. The partial remission may have occurred in response to medication or other treatment.

6A20.02 Schizophrenia, first episode, in full remission

All definitional requirements for Schizophrenia, first episode in terms of symptoms and duration were previously met. Symptoms have ameliorated such that no significant symptoms remain. The remission may have occurred in response to medication or other treatment.

6A20.0Z Schizophrenia, first episode, unspecified

6A20.1 Schizophrenia, multiple episodes

Schizophrenia, multiple episode should be used to identify individuals experiencing symptoms that meet the diagnostic requirements for Schizophrenia (including duration) and who have also previously experienced episodes during which diagnostic requirements were met, with substantial remission of symptoms between episodes. Some attenuated symptoms may remain during periods of remission, and remissions may have occurred in response to medication or other treatment.

6A20.10 Schizophrenia, multiple episodes, currently symptomatic

All definitional requirements for Schizophrenia, multiple episodes in terms of symptoms and duration are currently met, or have been met within the past one month.

6A20.11 Schizophrenia, multiple episodes, in partial remission

All definitional requirements for Schizophrenia, multiple episodes in terms of symptoms and duration were previously met. Symptoms have ameliorated such that the diagnostic requirements for the disorder have not been met for at least one month, but some clinically significant symptoms remain, which may or may not be associated with functional impairment. The partial remission may have occurred in response to medication or other treatment.

6A20.12 Schizophrenia, multiple episodes, in full remission

All definitional requirements for Schizophrenia, multiple episodes in terms of symptoms and duration were previously met. Symptoms have ameliorated such that no significant symptoms remain. The remission may have occurred in response to medication or other treatment.

6A20.1Z Schizophrenia, multiple episodes, unspecified

6A20.2 Schizophrenia, continuous

Symptoms fulfilling all definitional requirements of Schizophrenia have been present for almost all of the illness course over a period of at least one year, with periods of subthreshold symptoms being very brief relative to the overall course.

6A20.20 Schizophrenia, continuous, currently symptomatic

All definitional requirements for Schizophrenia, continuous in terms of symptoms and duration are currently met, or have been met within the past one month.

6A20.21 Schizophrenia, continuous, in partial remission

All definitional requirements for Schizophrenia, continuous in terms of symptoms and duration were previously met. Symptoms have ameliorated such that the diagnostic requirements for the disorder have not been met for at least one month, but some clinically significant symptoms remain, which may or may not be associated with functional impairment. The partial remission may have occurred in response to medication or other treatment.

6A20.22 Schizophrenia, continuous, in full remission

All definitional requirements for Schizophrenia, continuous in terms of symptoms and duration were previously met. Symptoms have ameliorated such that no significant symptoms remain. The remission may have occurred in response to medication or other treatment.

6A20.2Z Schizophrenia, continuous, unspecified

6A20.Y Other specified schizophrenia

6A20.Z Schizophrenia, unspecified

6A21 Schizoaffective disorder

Schizoaffective disorder is an episodic disorder in which the diagnostic requirements of schizophrenia and a manic, mixed, or moderate or severe depressive episode are met within the same episode of illness, either simultaneously or within a few days of each other. Prominent symptoms of schizophrenia (e.g. delusions, hallucinations, disorganization in the form of thought, experiences of influence, passivity and control) are accompanied by typical symptoms of a depressive episode (e.g. depressed mood, loss of interest, reduced energy), a manic episode (e.g., elevated mood, increase in the quality and speed of physical and mental activity) or a mixed episode. Psychomotor disturbances, including catatonia, may be present. Symptoms must have persisted for at least one month. The symptoms are not a manifestation of another health condition (e.g., a brain tumor) and are not due to the effect of a substance or medication on the central nervous system (e.g., corticosteroids), including withdrawal (e.g., alcohol withdrawal).

6A21.0 Schizoaffective disorder, first episode

Schizoaffective disorder, first episode should be used to identify individuals experiencing symptoms that meet the diagnostic requirements for Schizoaffective disorder (including duration) but who have never before experienced an episode during which diagnostic requirements for Schizoaffective disorder or Schizophrenia were met.

6A21.00 Schizoaffective disorder, first episode, currently symptomatic

All definitional requirements for Schizoaffective disorder, first episode in terms of symptoms and duration are currently met, or have been met within the past one month.

6A21.01 Schizoaffective disorder, first episode, in partial remission

All definitional requirements for Schizoaffective disorder, first episode in terms of symptoms and duration were previously met. Symptoms have ameliorated such that the diagnostic requirements for the disorder have not been met for at least one month, but some clinically significant symptoms remain, which may or may not be associated with functional impairment. The partial remission may have occurred in response to medication or other treatment.

6A21.02 Schizoaffective disorder, first episode, in full remission

All definitional requirements for Schizoaffective disorder, first episode in terms of symptoms and duration were previously met. Symptoms have ameliorated such that no significant symptoms remain. The remission may have occurred in response to medication or other treatment.

6A21.0Z Schizoaffective disorder, first episode, unspecified

6A21.1 Schizoaffective disorder, multiple episodes

Schizoaffective disorder, multiple episodes should be used to identify individuals experiencing symptoms that meet the diagnostic requirements for Schizoaffective disorder (including duration) and who have also previously experienced episodes during which diagnostic requirements for Schizoaffective disorder or Schizophrenia were met, with substantial remission of symptoms between episodes. Some attenuated symptoms may remain during period of remission, and remissions may have occurred in response to medication or other treatment.

6A21.10 Schizoaffective disorder, multiple episodes, currently symptomatic

All definitional requirements for Schizoaffective disorder, multiple episodes in terms of symptoms and duration are currently met, or have been met within the past one month.

6A21.11 Schizoaffective disorder, multiple episodes, in partial remission

All definitional requirements for Schizoaffective disorder, multiple episodes in terms of symptoms and duration were previously met. Symptoms have ameliorated such that the diagnostic requirements for the disorder have not been met for at least one month, but some clinically significant symptoms remain, which may or may not be associated with functional impairment. The partial remission may have occurred in response to medication or other treatment.

6A21.12 Schizoaffective disorder, multiple episodes, in full remission

All definitional requirements for Schizoaffective disorder, multiple episodes in terms of symptoms and duration were previously met. Symptoms have ameliorated such that no significant symptoms remain. The remission may have occurred in response to medication or other treatment.

6A21.1Z Schizoaffective disorder, multiple episodes, unspecified

6A21.2 Schizoaffective disorder, continuous

Symptoms fulfilling all definitional requirements of Schizoaffective disorder have been present for almost all of the illness course over a period of at least one year, with periods of subthreshold symptoms being very brief relative to the overall course.

6A21.20 Schizoaffective disorder, continuous, currently symptomatic

All definitional requirements for Schizoaffective disorder, continuous in terms of symptoms and duration are currently met, or have been met within the past one month.

6A21.21 Schizoaffective disorder, continuous, in partial remission

All definitional requirements for Schizoaffective disorder, continuous in terms of symptoms and duration were previously met. Symptoms have ameliorated such that the diagnostic requirements for the disorder have not been met for at least one month, but some clinically significant symptoms remain, which may or may not be associated with functional impairment. The partial remission may have occurred in response to medication or other treatment.

6A21.22 Schizoaffective disorder, continuous, in full remission

All definitional requirements for Schizoaffective disorder, continuous in terms of symptoms and duration were previously met. Symptoms have ameliorated such that no significant symptoms remain. The remission may have occurred in response to medication or other treatment.

6A21.2Z Schizoaffective disorder, continuous, unspecified

6A21.Y **Other specified schizoaffective disorder**

6A21.Z **Schizoaffective disorder, unspecified**

6A22 Schizotypal disorder

Schizotypal disorder is characterized by an enduring pattern (i.e., characteristic of the person's functioning over a period of at least several years) of eccentricities in behavior, appearance and speech, accompanied by cognitive and perceptual distortions, unusual beliefs, and discomfort with— and often reduced capacity for— interpersonal relationships. Symptoms may include constricted or inappropriate affect and anhedonia (negative schizotypy). Paranoid ideas, ideas of reference, or other psychotic symptoms, including hallucinations in any modality, may occur (positive schizotypy), but are not of sufficient intensity or duration to meet the diagnostic requirements of schizophrenia, schizoaffective disorder, or delusional disorder. The symptoms cause distress or impairment in personal, family, social, educational, occupational or other important areas of functioning.

Inclusions: Schizotypal personality disorder

Exclusions: Autism spectrum disorder (6A02)

Personality disorder (6D10)

6A23 **Acute and transient psychotic disorder**

Acute and transient psychotic disorder is characterized by acute onset of psychotic symptoms that emerge without a prodrome and reach their maximal severity within two weeks. Symptoms may include delusions, hallucinations, disorganization of thought processes, perplexity or confusion, and disturbances of affect and mood. Catatonia-like psychomotor disturbances may be present. Symptoms typically change rapidly, both in nature and intensity, from day to day, or even within a single day. The duration of the episode does not exceed 3 months, and most commonly lasts from a few days to 1 month. The symptoms are not a manifestation of another health condition (e.g., a brain tumor) and are not due to the effect of a substance or medication on the central nervous system (e.g., corticosteroids), including withdrawal (e.g., alcohol withdrawal).

6A23.0 Acute and transient psychotic disorder, first episode

Acute and transient psychotic disorder, first episode should be used to identify individuals experiencing symptoms that meet the diagnostic requirements for acute and transient psychotic disorder but who have never before experienced a similar episode.

6A23.00 Acute and transient psychotic disorder, first episode, currently symptomatic

All definitional requirements for Acute and transient psychotic disorder, first episode in terms of symptoms and duration are currently met, or have been met within the past one month.

6A23.01 Acute and transient psychotic disorder, first episode, in partial remission

All definitional requirements for Acute and transient psychotic disorder, first episode in terms of symptoms and duration were previously met. Symptoms have ameliorated such that the diagnostic requirements for the disorder have not been met for at least one month, but some clinically significant symptoms remain, which may or may not be associated with functional impairment. The partial remission may have occurred in response to medication or other treatment.

6A23.02 Acute and transient psychotic disorder, first episode, in full remission

All definitional requirements for Acute and transient psychotic disorder, first episode in terms of symptoms and duration were previously met. Symptoms have ameliorated such that no significant symptoms remain. The remission may have occurred in response to medication or other treatment.

6A23.0Z Acute and transient psychotic disorder, first episode, unspecified

6A23.1 Acute and transient psychotic disorder, multiple episodes

Acute and transient psychotic disorder, multiple episodes should be used to identify individuals experiencing symptoms that meet the diagnostic requirements for acute and transient psychotic disorder and who have experienced similar episodes in the past.

6A23.10 Acute and transient psychotic disorder, multiple episodes, currently symptomatic

All definitional requirements for Acute and transient psychotic disorder, multiple episodes in terms of symptoms and duration are currently met, or have been met within the past one month.

6A23.11 Acute and transient psychotic disorder, multiple episodes, in partial remission

All definitional requirements for Acute and transient psychotic disorder, multiple episodes in terms of symptoms and duration were previously met. Symptoms have ameliorated such that the diagnostic requirements for the disorder have not been met for at least one month, but some clinically significant symptoms remain, which may or may not be associated with functional impairment. The partial remission may have occurred in response to medication or other treatment.

6A23.12 Acute and transient psychotic disorder, multiple episodes, in full remission

All definitional requirements for Acute and transient psychotic disorder, multiple episodes in terms of symptoms and duration were previously met. Symptoms have ameliorated such that no significant symptoms remain. The remission may have occurred in response to medication or other treatment.

6A23.1Z Acute and transient psychotic disorder, multiple episodes, unspecified

6A23.Y Other specified acute and transient psychotic disorder

6A23.Z Acute and transient psychotic disorder, unspecified

6A24 Delusional disorder

Delusional disorder is characterized by the development of a delusion or set of related delusions that persist for at least 3 months (usually much longer), which occur in the absence of a Depressive, Manic, or Mixed mood episode. Other characteristic symptoms of Schizophrenia (e.g. persistent auditory hallucinations, disorganized thinking, negative symptoms) are not present, although various forms of perceptual disturbances (e.g., hallucinations, illusions, misidentifications of persons) thematically related to the delusion are still consistent with the diagnosis. Apart from actions and attitudes directly related to the delusion or delusional system, affect, speech, and behavior are typically unaffected. The symptoms are not a manifestation of another disorder or disease that is not classified under Mental, behavioural or neurodevelopmental disorders (e.g., a brain tumor) and are not due to the effect of a substance or medication on the central nervous system (e.g., corticosteroids), including withdrawal effects (e.g., alcohol withdrawal).

6A24.0 Delusional disorder, currently symptomatic

All definitional requirements for Delusional disorder in terms of symptoms and duration are currently met, or have been met within the past one month.

6A24.1 Delusional disorder, in partial remission

All definitional requirements for Delusional disorder in terms of symptoms and duration were previously met. Symptoms have ameliorated such that the diagnostic requirements for the disorder have not been met for at least one month, but some clinically significant symptoms remain, which may or may not be associated with functional impairment. The partial remission may have occurred in response to medication or other treatment.

6A24.2 **Delusional disorder, in full remission**

All definitional requirements for Delusional disorder in terms of symptoms and duration were previously met. Symptoms have ameliorated such that no significant symptoms remain. The remission may have occurred in response to medication or other treatment.

6A24.Z **Delusional disorder, unspecified**

6A25 Symptomatic manifestations of primary psychotic disorders

These categories may be used to characterize the current clinical presentation in individuals diagnosed with Schizophrenia or another primary psychotic disorder, and should not be used in individuals without such a diagnosis. Multiple categories may be applied. Symptoms attributable to the direct pathophysiological consequences of a health condition or injury not classified under Mental, behavioural or neurodevelopmental disorders (e.g., a brain tumour or traumatic brain injury), or to the direct effects of a substance or medication on the central nervous system, including withdrawal effects, should not be considered as examples of the respective types of symptoms.

Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of these symptoms in primary psychotic disorders.

6A25.0 **Positive symptoms in primary psychotic disorders**

Positive symptoms in primary psychotic disorders include persistent delusions, persistent hallucinations (most commonly verbal auditory hallucinations), disorganized thinking (formal thought disorder such as loose associations, thought derailment, or incoherence), grossly disorganized behavior (behaviour that appears bizarre, purposeless and not goal-directed) and experiences of passivity and control (the experience that one's feelings, impulses, or thoughts are under the control of an external force). The rating should be made based on the severity of positive symptoms during the past week.

Note: Code also the underlying condition

6A25.1 **Negative symptoms in primary psychotic disorders**

Negative symptoms in primary psychotic disorders include constricted, blunted, or flat affect, alogia or paucity of speech, avolition (general lack of drive, or lack of motivation to pursue meaningful goals), asociality (reduced or absent engagement with others and interest in social interaction) and anhedonia (inability to experience pleasure from normally pleasurable activities). To be considered negative psychotic symptoms, relevant symptoms should not be entirely attributable to antipsychotic drug treatment, a depressive disorder, or an under-stimulating environment, and should not be a direct consequence of a positive symptom (e.g., persecutory delusions causing a person to become socially isolated due to fear of harm). The rating should be made based on the severity of negative symptoms during the past week.

Note: Code also the underlying condition

6A25.2 **Depressive symptoms in primary psychotic disorders**

Depressive symptoms in primary psychotic disorders refer to depressed mood as reported by the individual (feeling down, sad) or manifested as a sign (e.g. tearful, downtrodden appearance). If only non-mood symptoms of a depressive episode are present (e.g., anhedonia, psychomotor slowing), this descriptor should not be used. This descriptor may be used whether or not depressive symptoms meet the diagnostic requirements of a separately diagnosed Depressive disorder. The rating should be made based on the severity of depressive mood symptoms during the past week.

Note: Code also the underlying condition

6A25.3 **Manic symptoms in primary psychotic disorders**

Manic symptoms in primary psychotic disorders refer to elevated, euphoric, irritable, or expansive mood states, including rapid changes among different mood states (i.e., mood lability) accompanied by increased energy or activity, when these represent a significant change from the individual's typical mood and energy or activity level. This descriptor may be used whether or not the manic symptoms meet the diagnostic requirements of a separately diagnosed bipolar disorder. The rating should be made based on the severity of manic mood symptoms during the past week.

Note: Code also the underlying condition

6A25.4 **Psychomotor symptoms in primary psychotic disorders**

Psychomotor symptoms in primary psychotic disorders include psychomotor agitation or excessive motor activity, usually manifested by purposeless behaviors such as fidgeting, shifting, fiddling, inability to sit or stand still, wringing of the hands, psychomotor retardation, or a visible generalized slowing of movements and speech, and catatonic symptoms such as excitement, posturing, waxy flexibility, negativism, mutism, or stupor. The rating should be made based on the severity of psychomotor symptoms during the past week.

Note: Code also the underlying condition

6A25.5 **Cognitive symptoms in primary psychotic disorders**

Cognitive symptoms in primary psychotic disorders refer to cognitive impairment in any of the following domains: speed of processing, attention/concentration, orientation, judgment, abstraction, verbal or visual learning, and working memory. The cognitive impairment is not attributable to a neurodevelopmental disorder, a delirium or other neurocognitive disorder, or the direct effects of a substance or medication on the central nervous system, including withdrawal effects. Ideally, use of this category should be based on the results of locally validated, standardized neuropsychological assessments, although such measures may not be available in all settings. The rating should be made based on the severity of cognitive symptoms during the past week.

Note: Code also the underlying condition

Exclusions: Neurocognitive disorders (BlockL1-6D7)

Neurodevelopmental disorders (BlockL1-6A0)

6A2Y Other specified schizophrenia or other primary psychotic disorders

6A2Z **Schizophrenia or other primary psychotic disorders, unspecified**

Catatonia (BlockL1-6A4)

Catatonia is a marked disturbance in the voluntary control of movements characterized by several of the following: extreme slowing or absence of motor activity, mutism, purposeless motor activity unrelated to external stimuli, assumption and maintenance of rigid, unusual or bizarre postures, resistance to instructions or attempts to be moved, or automatic compliance with instructions. Catatonia may be diagnosed in the context of certain specific mental disorders, including Mood disorders, Schizophrenia, and Autism spectrum disorder. Catatonia may also be caused by disorders or diseases classified elsewhere.

Note: Use additional code, if desired, for any associated disorder or diseases if known.

Exclusions: Harmful effects of drugs, medicaments or biological substances, not elsewhere classified (NE60)

Coded Elsewhere: Secondary catatonia syndrome (6E69)

6A40 **Catatonia associated with another mental disorder**

Catatonia associated with another mental disorder is a marked disturbance in the voluntary control of movements characterized by several of the following: extreme slowing or absence of motor activity, mutism, purposeless motor activity unrelated to external stimuli, assumption and maintenance of rigid, unusual or bizarre postures, resistance to instructions or attempts to be moved, or automatic compliance with instructions. Catatonia associated with another mental disorder may be diagnosed in the context of certain specific conditions, including Mood disorders, Schizophrenia, and Autism spectrum disorder.

Note: Code also the underlying condition

6A41 **Catatonia induced by psychoactive substances, including medications**

Catatonia induced by psychoactive substances, including medications is a marked disturbance in the voluntary control of movements characterized by several of the following: extreme slowing or absence of motor activity, mutism, purposeless motor activity unrelated to external stimuli, assumption and maintenance of rigid, unusual or bizarre postures, resistance to instructions or attempts to be moved, or automatic compliance with instructions that occurs during or shortly after the consumption of a psychoactive substance or during use of a psychoactive medication.

6A4Z **Catatonia, unspecified**

Note: Code also the underlying condition

Mood disorders (BlockL1-6A6)

Mood Disorders refers to a superordinate grouping of Bipolar and Depressive Disorders. Mood disorders are defined according to particular types of mood episodes and their pattern over time. The primary types of mood episodes are Depressive episode, Manic episode, Mixed episode, and Hypomanic episode. Mood episodes are not independently diagnosable entities, and therefore do not have their own diagnostic codes. Rather, mood episodes make up the primary components of most of the Depressive and Bipolar Disorders.

Coded Elsewhere: Substance-induced mood disorders

Secondary mood syndrome (6E62)

Bipolar or related disorders (BlockL2-6A6)

Bipolar and related disorders are episodic mood disorders defined by the occurrence of Manic, Mixed or Hypomanic episodes or symptoms. These episodes typically alternate over the course of these disorders with Depressive episodes or periods of depressive symptoms.

6A60 **Bipolar type I disorder**

Bipolar type I disorder is an episodic mood disorder defined by the occurrence of one or more manic or mixed episodes. A manic episode is an extreme mood state lasting at least one week unless shortened by a treatment intervention characterized by euphoria, irritability, or expansiveness, and by increased activity or a subjective experience of increased energy, accompanied by other characteristic symptoms such as rapid or pressured speech, flight of ideas, increased self-esteem or grandiosity, decreased need for sleep, distractibility, impulsive or reckless behavior, and rapid changes among different mood states (i.e., mood lability). A mixed episode is characterized by either a mixture or very rapid alternation between prominent manic and depressive symptoms on most days during a period of at least 2 weeks. Although the diagnosis can be made based on evidence of a single manic or mixed episode, typically manic or mixed episodes alternate with depressive episodes over the course of the disorder.

Exclusions: cyclothymia (6A62)

Bipolar type II disorder (6A61)

6A60.0 Bipolar type I disorder, current episode manic, without psychotic symptoms

Bipolar type I disorder, current episode manic, without psychotic symptoms is diagnosed when the definitional requirements for Bipolar type I disorder are met, the current episode is manic, and there are no delusions or hallucinations present during the episode. A manic episode is an extreme mood state lasting at least one week unless shortened by a treatment intervention characterized by euphoria, irritability, or expansiveness, and by increased activity or a subjective experience of increased energy, accompanied by other characteristic symptoms such as rapid or pressured speech, flight of ideas, increased self-esteem or grandiosity, decreased need for sleep, distractibility, impulsive or reckless behavior, and rapid changes among different mood states (i.e., mood lability).

6A60.1 Bipolar type I disorder, current episode manic, with psychotic symptoms

Bipolar type I disorder, current episode manic with psychotic symptoms is diagnosed when the definitional requirements for Bipolar type I Disorder have been met, the current episode is Manic and there are delusions or hallucinations present during the episode. A manic episode is an extreme mood state lasting at least one week unless shortened by a treatment intervention characterized by euphoria, irritability, or expansiveness, and by increased activity or a subjective experience of increased energy, accompanied by other characteristic symptoms such as rapid or pressured speech, flight of ideas, increased self-esteem or grandiosity, decreased need for sleep, distractibility, impulsive or reckless behavior, and rapid changes among different mood states (i.e., mood lability).

6A60.2 Bipolar type I disorder, current episode hypomanic

Bipolar type I disorder, current episode hypomanic is diagnosed when the definitional requirements for Bipolar type I disorder have been met and the current episode is hypomanic. A hypomanic episode is a persistent mood state lasting at least several days characterized by mild elevation of mood or increased irritability and increased activity or a subjective experience of increased energy, accompanied by other characteristic symptoms such as rapid speech, rapid or racing thoughts, increased self-esteem, an increase in sexual drive or sociability, decreased need for sleep, distractibility, or impulsive or reckless behavior. The symptoms are not severe enough to cause marked impairment in occupational functioning or in usual social activities or relationships with others, does not necessitate hospitalization, and there are no accompanying delusions or hallucinations.

6A60.3 Bipolar type I disorder, current episode depressive, mild

Bipolar type I disorder, current episode depressive, mild is diagnosed when the definitional requirements for Bipolar type I disorder have been met and the current episode is depressive at a mild level of severity. A depressive episode is characterized by a period of almost daily depressed mood or diminished interest in activities lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a mild depressive episode, none of the symptoms are present to an intense degree. An individual with a mild depressive episode typically has some, but not considerable, difficulty in continuing with ordinary work, social, or domestic activities and there are no delusions or hallucinations.

6A60.4 Bipolar type I disorder, current episode depressive, moderate without psychotic symptoms

Bipolar type I disorder, current episode depressive, moderate, without psychotic symptoms is diagnosed when the definitional requirements for Bipolar type I disorder have been met and the current episode is depressive at a moderate level of severity and there are no delusions or hallucinations during the episode. A depressive episode is characterized by a period of almost daily depressed mood or diminished interest in activities lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a moderate depressive episode, several symptoms of a depressive episode are present to a marked degree, or a large number of depressive symptoms of lesser severity are present overall. An individual with a moderate depressive episode typically has considerable difficulty in continuing with work, social, or domestic activities, but is still able to function in at least some areas.

6A60.5 Bipolar type I disorder, current episode depressive, moderate with psychotic symptoms

Bipolar type I disorder, current episode depressive, moderate, with psychotic symptoms diagnosed when the definitional requirements for Bipolar type I disorder have been met and the current episode is depressive at a moderate level of severity and there are delusions or hallucinations during the episode. A depressive episode is characterized by a period of almost daily depressed mood or diminished interest in activities lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a moderate depressive episode, several symptoms of a depressive episode are present to a marked degree, or a large number of depressive symptoms of lesser severity are present overall. An individual with a moderate depressive episode typically has considerable difficulty in continuing with work, social, or domestic activities, but is still able to function in at least some areas.

6A60.6 Bipolar type I disorder, current episode depressive, severe without psychotic symptoms

Bipolar type I disorder, current episode depressive, severe, without psychotic symptoms is diagnosed when the definitional requirements for Bipolar type I disorder are met and the current episode is severe and there are no delusions or hallucinations during the episode. A depressive episode is characterized by a period of almost daily depressed mood or diminished interest in activities lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a severe depressive episode, many or most symptoms of a depressive episode are present to a marked degree, or a smaller number of symptoms are present and manifest to an intense degree, and the individual is unable to function in personal, family, social, educational, occupational, or other important domains, except to a very limited degree.

6A60.7 Bipolar type I disorder, current episode depressive, severe with psychotic symptoms

Bipolar type I disorder, current episode depressive, severe, with psychotic symptoms is diagnosed when the definitional requirements for Bipolar type I disorder are met and the current episode is severe and there are delusions or hallucinations during the episode. A depressive episode is characterized by a period of almost daily depressed mood or diminished interest in activities lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a severe depressive episode, many or most symptoms of a depressive episode are present to a marked degree, or a smaller number of symptoms are present and manifest to an intense degree and the individual is unable to function in personal, family, social, educational, occupational, or other important domains, except to a very limited degree.

6A60.8 Bipolar type I disorder, current episode depressive, unspecified severity

Bipolar type I disorder, current episode depressive, unspecified severity is diagnosed when the definitional requirements for Bipolar type I disorder have been met and the current episode is depressive, but there is insufficient information to determine the severity of the current depressive episode. A depressive episode is characterized by a period of almost daily depressed mood or diminished interest in activities lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. The symptoms are associated with at least some difficulty in continuing with ordinary work, social, or domestic activities.

6A60.9 Bipolar type I disorder, current episode mixed, without psychotic symptoms

Bipolar type I disorder, current episode mixed, without psychotic symptoms is diagnosed when the definitional requirements for Bipolar type I disorder are met and the current episode is mixed and there are no delusions or hallucinations present during the episode. A mixed episode is characterized by either a mixture or very rapid alternation between prominent manic and depressive symptoms on most days during a period of at least one week.

6A60.A Bipolar type I disorder, current episode mixed, with psychotic symptoms

Bipolar type I disorder, current episode mixed, with psychotic symptoms is diagnosed when the definitional requirements for Bipolar type I disorder are met and the current episode is mixed and there are delusions or hallucinations present during the episode. A mixed episode is characterized by either a mixture or very rapid alternation between prominent manic and depressive symptoms on most days during a period of at least one week.

6A60.B Bipolar type I disorder, currently in partial remission, most recent episode manic or hypomanic

Bipolar type I disorder, currently in partial remission, most recent episode manic or hypomanic is diagnosed when the definitional requirements for Bipolar type I disorder have been met and the most recent episode was a manic or hypomanic episode. The full definitional requirements for a manic or hypomanic episode are no longer met but some significant mood symptoms remain. In some cases, residual mood symptoms may be depressive rather than manic or hypomanic, but do not satisfy the definitional requirements for a depressive episode.

6A60.C Bipolar type I disorder, currently in partial remission, most recent episode depressive

Bipolar type I disorder, currently in partial remission, most recent episode depressive is diagnosed when the definitional requirements for Bipolar type I disorder have been met and the most recent episode was a depressive episode. The full definitional requirements for the episode are no longer met but some significant depressive symptoms remain.

6A60.D Bipolar type I disorder, currently in partial remission, most recent episode mixed

Bipolar type I disorder, currently in partial remission, most recent episode mixed is diagnosed when the definitional requirements for Bipolar type I disorder have been met and the most recent episode was a mixed episode. The full definitional requirements for the episode are no longer met but some significant mood symptoms remain.

6A60.E Bipolar type I disorder, currently in partial remission, most recent episode unspecified

Bipolar type I disorder, currently in partial remission, most recent episode unspecified is diagnosed when the definitional requirements for Bipolar type II disorder have been met but there is insufficient information to determine the nature of the most recent mood episode. The full definitional requirements for a mood episode are no longer met but some significant mood symptoms remain.

6A60.F Bipolar type I disorder, currently in full remission

Bipolar type I disorder, currently in full remission is diagnosed when the full definitional requirements for Bipolar I disorder have been met in the past but there are no longer any significant mood symptoms.

6A60.Y Other specified bipolar type I disorder

6A60.Z Bipolar type I disorder, unspecified

6A61 Bipolar type II disorder

Bipolar type II disorder is an episodic mood disorder defined by the occurrence of one or more hypomanic episodes and at least one depressive episode. A hypomanic episode is a persistent mood state characterized by euphoria, irritability, or expansiveness, and excessive psychomotor activation or increased energy, accompanied by other characteristic symptoms such as grandiosity, decreased need for sleep, pressured speech, flight of ideas, distractibility, and impulsive or reckless behavior lasting for at least several days. The symptoms represent a change from the individual's typical behavior and are not severe enough to cause marked impairment in functioning. A depressive episode is characterized by a period of almost daily depressed mood or diminished interest in activities lasting at least 2 weeks accompanied by other symptoms such as changes in appetite or sleep, psychomotor agitation or retardation, fatigue, feelings of worthless or excessive or inappropriate guilt, feelings or hopelessness, difficulty concentrating, and suicidality. There is no history of manic or mixed Episodes.

6A61.0 Bipolar type II disorder, current episode hypomanic

Bipolar type II disorder, current episode hypomanic is diagnosed when the definitional requirements for Bipolar type II disorder have been met and the current episode is hypomanic. A hypomanic episode is a persistent mood state lasting at least several days characterized by mild elevation of mood or increased irritability and increased activity or a subjective experience of increased energy, accompanied by other characteristic symptoms such as rapid speech, rapid or racing thoughts, increased self-esteem, an increase in sexual drive or sociability, decreased need for sleep, distractibility, or impulsive or reckless behavior. The symptoms are not severe enough to cause marked impairment in occupational functioning or in usual social activities or relationships with others, does not necessitate hospitalization, and there are no accompanying delusions or hallucinations.

6A61.1 Bipolar type II disorder, current episode depressive, mild

Bipolar type II disorder, current episode depressive, mild is diagnosed when the definitional requirements for Bipolar type II disorder have been met and the current episode is depressive at a mild level of severity. A depressive episode is characterized by a period of almost daily depressed mood or diminished interest in activities lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a mild depressive episode, none of the symptoms are present to an intense degree. An individual with a mild depressive episode typically has some, but not considerable, difficulty in continuing with ordinary work, social, or domestic activities and there are no delusions or hallucinations.

6A61.2 Bipolar type II disorder, current episode depressive, moderate without psychotic symptoms

Bipolar type II disorder, current episode depressive, moderate, without psychotic symptoms is diagnosed when the definitional requirements for Bipolar type II disorder have been met and the current episode is depressive at a moderate level of severity and there are no delusions or hallucinations during the episode. A depressive episode is characterized by a period of almost daily depressed mood or diminished interest in activities lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a moderate depressive episode, several symptoms of a depressive episode are present to a marked degree, or a large number of depressive symptoms of lesser severity are present overall. An individual with a moderate depressive episode typically has considerable difficulty in continuing with work, social, or domestic activities, but is still able to function in at least some areas.

6A61.3 Bipolar type II disorder, current episode depressive, moderate with psychotic symptoms

Bipolar type II disorder, current episode depressive, moderate, with psychotic symptoms diagnosed when the definitional requirements for Bipolar type II disorder have been met and the current episode is depressive at a moderate level of severity and there are delusions or hallucinations during the episode. A depressive episode is characterized by a period of almost daily depressed mood or diminished interest in activities lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a moderate depressive episode, several symptoms of a depressive episode are present to a marked degree, or a large number of depressive symptoms of lesser severity are present overall. An individual with a moderate depressive episode typically has considerable difficulty in continuing with work, social, or domestic activities, but is still able to function in at least some areas.

6A61.4 Bipolar type II disorder, current episode depressive, severe without psychotic symptoms

Bipolar type II disorder, current episode depressive, severe, without psychotic symptoms is diagnosed when the definitional requirements for Bipolar type II disorder are met and the current episode is severe and there are no delusions or hallucinations during the episode. A depressive episode is characterized by a period of almost daily depressed mood or diminished interest in activities lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a severe depressive episode, many or most symptoms of a depressive episode are present to a marked degree, or a smaller number of symptoms are present and manifest to an intense degree, and the individual is unable to function in personal, family, social, educational, occupational, or other important domains, except to a very limited degree.

6A61.5 Bipolar type II disorder, current episode depressive, severe with psychotic symptoms

Bipolar type II disorder, current episode depressive, severe, with psychotic symptoms is diagnosed when the definitional requirements for Bipolar type II disorder are met and the current episode is severe and there are delusions or hallucinations during the episode. A depressive episode is characterized by a period of almost daily depressed mood or diminished interest in activities lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a severe depressive episode, many or most symptoms of a depressive episode are present to a marked degree, or a smaller number of symptoms are present and manifest to an intense degree and the individual is unable to function in personal, family, social, educational, occupational, or other important domains, except to a very limited degree.

6A61.6 Bipolar type II disorder, current episode depressive, unspecified severity

Bipolar type II disorder, current episode depressive, unspecified severity is diagnosed when the definitional requirements for Bipolar type II disorder have been met and the current episode is depressive, but there is insufficient information to determine the severity of the current depressive episode. A depressive episode is characterized by a period of almost daily depressed mood or diminished interest in activities lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. The symptoms are associated with at least some difficulty in continuing with ordinary work, social, or domestic activities.

6A61.7 Bipolar type II disorder, currently in partial remission, most recent episode hypomanic

Bipolar type II disorder, currently in partial remission, most recent episode hypomanic is diagnosed when the definitional requirements for Bipolar type II disorder have been met and the most recent episode was a hypomanic episode. The full definitional requirements for a hypomanic episode are no longer met but some significant mood symptoms remain. In some cases, residual mood symptoms may be depressive rather than hypomanic, but do not satisfy the definitional requirements for a depressive episode.

6A61.8 Bipolar type II disorder, currently in partial remission, most recent episode depressive

Bipolar type II disorder, currently in partial remission, most recent episode depressive is diagnosed when the definitional requirements for Bipolar type II disorder have been met and the most recent episode was a depressive episode. The full definitional requirements for the episode are no longer met but some significant depressive symptoms remain.

6A61.9 **Bipolar type II disorder, currently in partial remission, most recent episode unspecified**

Bipolar type II disorder, currently in partial remission, most recent episode unspecified is diagnosed when the definitional requirements for Bipolar type II disorder have been met but there is insufficient information to determine the nature of the most recent mood episode. The full definitional requirements for a mood episode are no longer met but some significant mood symptoms remain.

6A61.A **Bipolar type II disorder, currently in full remission**

Bipolar type II disorder, currently in full remission, is diagnosed when the definitional requirements for Bipolar type II disorder have been met but there are no longer any significant mood symptoms.

6A61.Y **Other specified bipolar type II disorder**

6A61.Z **Bipolar type II disorder, unspecified**

6A62 Cyclothymic disorder

Cyclothymic disorder is characterized by a persistent instability of mood over a period of at least 2 years, involving numerous periods of hypomanic (e.g., euphoria, irritability, or expansiveness, psychomotor activation) and depressive (e.g., feeling down, diminished interest in activities, fatigue) symptoms that are present during more of the time than not. The hypomanic symptomatology may or may not be sufficiently severe or prolonged to meet the full definitional requirements of a hypomanic episode (see Bipolar type II disorder), but there is no history of manic or mixed episodes (see Bipolar type I disorder). The depressive symptomatology has never been sufficiently severe or prolonged to meet the diagnostic requirements for a depressive episode (see Bipolar type II disorder). The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Inclusions: Cycloid personality

Cyclothymic personality

6A6Y Other specified bipolar or related disorders

6A6Z Bipolar or related disorders, unspecified

Depressive disorders (BlockL2-6A7)

Depressive disorders are characterized by depressive mood (e.g., sad, irritable, empty) or loss of pleasure accompanied by other cognitive, behavioural, or neurovegetative symptoms that significantly affect the individual's ability to function. A depressive disorder should not be diagnosed in individuals who have ever experienced a manic, mixed or hypomanic episode, which would indicate the presence of a bipolar disorder.

Coded Elsewhere: Premenstrual dysphoric disorder (GA34.41)

6A70 **Single episode depressive disorder**

Single episode depressive disorder is characterized by the presence or history of one depressive episode when there is no history of prior depressive episodes. A depressive episode is characterized by a period of almost daily depressed mood or diminished interest in activities lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. There have never been any prior manic, hypomanic, or mixed episodes, which would indicate the presence of a bipolar disorder.

Exclusions: recurrent depressive disorder (6A71)

Adjustment disorder (6B43)

Bipolar or related disorders (BlockL2-6A6)

6A70.0 Single episode depressive disorder, mild

Single episode depressive disorder, mild, is diagnosed when the definitional requirements of a Depressive episode are met and the episode is of mild severity. None of the symptoms of the Depressive episode should be present to an intense degree. An individual with a Mild depressive episode typically has some, but not considerable, difficulty in continuing with ordinary work, social, or domestic activities and there are no delusions or hallucinations.

6A70.1 Single episode depressive disorder, moderate, without psychotic symptoms

Single episode depressive disorder, moderate, without psychotic symptoms is diagnosed when the definitional requirements of a depressive episode have been met, there is no history of prior depressive episodes, the episode is of moderate severity, and there are no delusions or hallucinations during the episode. A depressive episode is characterized by a period of almost daily depressed mood or diminished interest in activities lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a moderate depressive episode, several symptoms of a depressive episode are present to a marked degree, or a large number of depressive symptoms of lesser severity are present overall. An individual with a moderate depressive episode typically has considerable difficulty in continuing with work, social, or domestic activities, but is still able to function in at least some areas.

6A70.2 Single episode depressive disorder, moderate, with psychotic symptoms

Single episode depressive disorder, moderate, with psychotic symptoms is diagnosed when the definitional requirements of a depressive episode have been met, there is no history of prior depressive episodes, the episode is of moderate severity, and there are delusions or hallucinations during the episode. A depressive episode is characterized by a period of almost daily depressed mood or diminished interest in activities lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a moderate depressive episode, several symptoms of a depressive episode are present to a marked degree, or a large number of depressive symptoms of lesser severity are present overall. An individual with a moderate depressive episode typically has considerable difficulty in continuing with work, social, or domestic activities, but is still able to function in at least some areas.

6A70.3 Single episode depressive disorder, severe, without psychotic symptoms

Single episode depressive disorder, severe, without psychotic symptoms is diagnosed when the definitional requirements for Single episode depressive disorder are met and the current episode is severe and there are no delusions or hallucinations during the episode. A depressive episode is characterized by a period of almost daily depressed mood or diminished interest in activities lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a severe depressive episode, many or most symptoms of a depressive episode are present to a marked degree, or a smaller number of symptoms are present and manifest to an intense degree, and the individual is unable to function in personal, family, social, educational, occupational, or other important domains, except to a very limited degree.

Inclusions: Agitated depression single episode without psychotic symptoms

Major depression single episode without psychotic symptoms

Vital depression single episode without psychotic symptoms

6A70.4 Single episode depressive disorder, severe, with psychotic symptoms

Single episode depressive disorder, severe, with psychotic symptoms is diagnosed when the definitional requirements for Single episode depressive disorder are met and the current episode is severe and there are delusions or hallucinations during the episode. A depressive episode is characterized by a period of almost daily depressed mood or diminished interest in activities lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a severe depressive episode, many or most symptoms of a depressive episode are present to a marked degree, or a smaller number of symptoms are present and manifest to an intense degree and the individual is unable to function in personal, family, social, educational, occupational, or other important domains, except to a very limited degree.

6A70.5 **Single episode depressive disorder, unspecified severity**

Single episode depressive disorder, unspecified severity is diagnosed when the definitional requirements of a depressive episode have been met, there is no history of prior depressive episodes, and there is insufficient information to determine the severity of the current depressive episode. A depressive episode is characterized by a period of almost daily depressed mood or diminished interest in activities lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. The symptoms are associated with at least some difficulty in continuing with ordinary work, social, or domestic activities.

6A70.6 **Single episode depressive disorder, currently in partial remission**

Single episode depressive disorder, currently in partial remission, is diagnosed when the full definitional requirements for a depressive episode have been met and there is no history of prior depressive episodes. The full definitional requirements for a depressive episode are no longer met but some significant mood symptoms remain.

6A70.7 **Single episode depressive disorder, currently in full remission**

Single episode depressive disorder, currently in full remission is diagnosed when the full definitional requirements for one depressive episode have been met in the past and there are no longer any significant mood symptoms. There is no history of depressive episodes preceding the episode under consideration.

6A70.Y **Other specified single episode depressive disorder**

6A70.Z **Single episode depressive disorder, unspecified**

6A71 Recurrent depressive disorder

Recurrent depressive disorder is characterized by a history or at least two depressive episodes separated by at least several months without significant mood disturbance. A depressive episode is characterized by a period of almost daily depressed mood or diminished interest in activities lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. There have never been any prior manic, hypomanic, or mixed episodes, which would indicate the presence of a Bipolar disorder.

Inclusions: seasonal depressive disorder

Exclusions: Adjustment disorder (6B43)

Bipolar or related disorders (BlockL2-6A6)

Single episode depressive disorder (6A70)

6A71.0 Recurrent depressive disorder, current episode mild

Recurrent depressive disorder, current episode mild is diagnosed when the definitional requirements for Recurrent depressive disorder have been met and there is currently a depressive episode of mild severity. A depressive episode is characterized by a period of almost daily depressed mood or diminished interest in activities lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a mild depressive episode, none of the symptoms are present to an intense degree. An individual with a mild depressive episode typically has some, but not considerable, difficulty in continuing with ordinary work, social, or domestic activities and there are no delusions or hallucinations.

6A71.1 Recurrent depressive disorder, current episode moderate, without psychotic symptoms

Recurrent depressive disorder, current episode moderate, without psychotic symptoms is diagnosed when the definitional requirements for recurrent depressive disorder have been met and there is currently a depressive episode of moderate severity, and there are no delusions or hallucinations during the episode. A depressive episode is characterized by a period of almost daily depressed mood or diminished interest in activities lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a moderate depressive episode, several symptoms of a depressive episode are present to a marked degree, or a large number of depressive symptoms of lesser severity are present overall. An individual with a moderate depressive episode typically has considerable difficulty in continuing with work, social, or domestic activities, but is still able to function in at least some areas.

6A71.2 Recurrent depressive disorder, current episode moderate, with psychotic symptoms

Recurrent depressive disorder, current episode moderate, with psychotic symptoms is diagnosed when the definitional requirements for Recurrent depressive disorder have been met and there is currently a depressive episode of moderate severity, and there are delusions or hallucinations during the episode. A depressive episode is characterized by a period of almost daily depressed mood or diminished interest in activities lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a moderate depressive episode, several symptoms of a depressive episode are present to a marked degree, or a large number of depressive symptoms of lesser severity are present overall. An individual with a moderate depressive episode typically has considerable difficulty in continuing with work, social, or domestic activities, but is still able to function in at least some areas.

6A71.3 Recurrent depressive disorder, current episode severe, without psychotic symptoms

Recurrent depressive disorder, current episode severe, without psychotic symptoms is diagnosed when the definitional requirements for Recurrent depressive disorder are met and the current episode is severe and there are no delusions or hallucinations during the episode. A depressive episode is characterized by a period of almost daily depressed mood or diminished interest in activities lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a severe depressive episode, many or most symptoms of a depressive episode are present to a marked degree, or a smaller number of symptoms are present and manifest to an intense degree, and the individual is unable to function in personal, family, social, educational, occupational, or other important domains, except to a very limited degree.

Inclusions: Endogenous depression without psychotic symptoms

Major depression, recurrent without psychotic symptoms

Manic-depressive psychosis, depressed type without psychotic symptoms

Vital depression, recurrent without psychotic symptoms

6A71.4 Recurrent depressive disorder, current episode severe, with psychotic symptoms

Recurrent depressive disorder, current episode severe, with psychotic symptoms is diagnosed when the definitional requirements for Recurrent depressive disorder are met and the current episode is severe and there are delusions or hallucinations during the episode. A depressive episode is characterized by a period of almost daily depressed mood or diminished interest in activities lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a severe depressive episode, many or most symptoms of a depressive episode are present to a marked degree, or a smaller number of symptoms are present and manifest to an intense degree and the individual is unable to function in personal, family, social, educational, occupational, or other important domains, except to a very limited degree.

Inclusions: Endogenous depression with psychotic symptoms

Manic-depressive psychosis, depressed type with psychotic symptoms

6A71.5 **Recurrent depressive disorder, current episode, unspecified severity**

Recurrent depressive disorder current episode, unspecified severity is diagnosed when the definitional requirements of a depressive episode have been met and there is a history of prior depressive episodes, but there is insufficient information to determine the severity of the current depressive episode. A depressive episode is characterized by a period of almost daily depressed mood or diminished interest in activities lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. The symptoms are associated with at least some difficulty in continuing with ordinary work, social, or domestic activities.

6A71.6 **Recurrent depressive disorder, currently in partial remission**

Recurrent depressive disorder, currently in partial remission, is diagnosed when the definitional requirements for Recurrent depressive disorder have been met; the full definitional requirements for a depressive episode are no longer met but some significant mood symptoms remain.

6A71.7 **Recurrent depressive disorder, currently in full remission**

Recurrent depressive disorder, currently in full remission is diagnosed when the definitional requirements for recurrent depressive disorder have been met but currently there are no significant mood symptoms.

6A71.Y **Other specified recurrent depressive disorder**

6A71.Z **Recurrent depressive disorder, unspecified**

6A72 Dysthymic disorder

Dysthymic disorder is characterized by a persistent depressive mood (i.e., lasting 2 years or more), for most of the day, for more days than not. In children and adolescents depressed mood can manifest as pervasive irritability.The depressed mood is accompanied by additional symptoms such as markedly diminished interest or pleasure in activities, reduced concentration and attention or indecisiveness, low self-worth or excessive or inappropriate guilt, hopelessness about the future, disturbed sleep or increased sleep, diminished or increased appetite, or low energy or fatigue. During the first 2 years of the disorder, there has never been a 2-week period during which the number and duration of symptoms were sufficient to meet the diagnostic requirements for a Depressive Episode. There is no history of Manic, Mixed, or Hypomanic Episodes.

Inclusions: Dysthymia

Exclusions: anxiety depression (mild or not persistent) (6A73)

6A73 Mixed depressive and anxiety disorder

Mixed depressive and anxiety disorder is characterized by symptoms of both anxiety and depression more days than not for a period of two weeks or more. Neither set of symptoms, considered separately, is sufficiently severe, numerous, or persistent to justify a diagnosis of a depressive episode, dysthymia or an anxiety and fear-related disorder. Depressed mood or diminished interest in activities must be present accompanied by additional depressive symptoms as well as multiple symptoms of anxiety. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning. There have never been any prior manic, hypomanic, or mixed episodes, which would indicate the presence of a bipolar disorder.

6A7Y Other specified depressive disorders

6A7Z Depressive disorders, unspecified

6A80 Symptomatic and course presentations for mood episodes in mood disorders

These categories may be applied to describe the presentation and characteristics of mood episodes in the context of single episode depressive disorder, recurrent repressive disorder, bipolar type I disorder, or bipolar type II disorder. These categories indicate the presence of specific, important features of the clinical presentation or of the course, onset, and pattern of mood episodes. These categories are not mutually exclusive, and as many may be added as apply.

Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify specific clinically important features of mood episodes in mood disorders.

Coded Elsewhere: Mental or behavioural disorders associated with pregnancy, childbirth and the puerperium, without psychotic symptoms (6E20)

Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, with psychotic symptoms (6E21)

6A80.0 Prominent anxiety symptoms in mood episodes

In the context of a current depressive, manic, mixed, or hypomanic episode, prominent and clinically significant anxiety symptoms (e.g., feeling nervous, anxious or on edge, not being able to control worrying thoughts, fear that something awful will happen, having trouble relaxing, motor tension, autonomic symptoms) have been present for most of the time during the past 2 weeks. If there have been panic attacks during a current depressive or mixed episode, these should be recorded separately.

When the diagnostic requirements for both a mood disorder and an anxiety or fear-related disorder are met, the anxiety or fear-related disorder should also be diagnosed.

Note: Code also the underlying condition

6A80.1 Panic attacks in mood episodes

In the context of a current mood episode (manic, depressive, mixed, or hypomanic), there have been recurrent panic attacks (i.e., at least two) during the past month that occur specifically in response to anxiety-provoking cognitions that are features of the mood episode. If panic attacks occur exclusively in response to such thoughts, panic attacks should be recorded using this qualifier rather than assigning an additional co-occurring diagnosis of panic disorder.

If some panic attacks over the course of the depressive or mixed episode have been unexpected and not exclusively in response to depressive or anxiety-provoking thoughts, a separate diagnosis of panic disorder should be assigned.

Note: Code also the underlying condition

Exclusions: Panic disorder (6B01)

6A80.2 Current depressive episode persistent

The diagnostic requirements for a depressive episode are currently met and have been met continuously for at least the past 2 years.

6A80.3 Current depressive episode with melancholia

In the context of a current Depressive Episode, several of the following symptoms have been present during worst period within the past month: loss of interest or pleasure in most activities that are normally enjoyable to the individual (i.e., pervasive anhedonia); lack of emotional reactivity to normally pleasurable stimuli or circumstances (i.e., mood does not lift even transiently with exposure); terminal insomnia (i.e., waking in the morning two hours or more before the usual time); depressive symptoms are worse in the morning; marked psychomotor retardation or agitation; marked loss of appetite or loss of weight.

6A80.4 Seasonal pattern of mood episode onset

In the context of recurrent depressive disorder, bipolar type I or bipolar type II disorder, there has been a regular seasonal pattern of onset and remission of at least one type of episode (i.e., depressive, manic, mixed, or hypomanic episodes), with a substantial majority of the relevant mood episodes corresponding to the seasonal pattern. (In bipolar type I and bipolar type II disorder, all types of mood episodes may not follow this pattern.) A seasonal pattern should be differentiated from an episode that is coincidental with a particular season but predominantly related to a psychological stressor that regularly occurs at that time of the year (e.g., seasonal unemployment).

6A80.5 Rapid cycling

In the context of bipolar type I or bipolar type II disorder, there has been a high frequency of mood episodes (at least four) over the past 12 months. There may be a switch from one polarity of mood to the other, or the mood episodes may be demarcated by a period of remission. In individuals with a high frequency of mood episodes, some may have a shorter duration than those usually observed in bipolar type I or bipolar type II disorder. In particular, depressive periods may only last several days. If depressive and manic symptoms alternate very rapidly (i.e., from day to day or within the same day), a mixed episode should be diagnosed rather than rapid cycling.

Note: Code also the underlying condition

6A8Y **Other specified mood disorders**

6A8Z **Mood disorders, unspecified**

Anxiety or fear-related disorders (BlockL1-6B0)

Anxiety and fear-related disorders are characterized by excessive fear and anxiety and related behavioural disturbances, with symptoms that are severe enough to result in significant distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. Fear and anxiety are closely related phenomena; fear represents a reaction to perceived imminent threat in the present, whereas anxiety is more future-oriented, referring to perceived anticipated threat. A key differentiating feature among the Anxiety and fear-related disorders are disorder-specific foci of apprehension, that is, the stimulus or situation that triggers the fear or anxiety. The clinical presentation of Anxiety and fear-related disorders typically includes specific associated cognitions that can assist in differentiating among the disorders by clarifying the focus of apprehension.

Coded Elsewhere: Substance-induced anxiety disorders

Hypochondriasis (6B23)

Secondary anxiety syndrome (6E63)

6B00 **Generalised anxiety disorder**

Generalised anxiety disorder is characterized by marked symptoms of anxiety that persist for at least several months, for more days than not, manifested by either general apprehension (i.e. 'free-floating anxiety') or excessive worry focused on multiple everyday events, most often concerning family, health, finances, and school or work, together with additional symptoms such as muscular tension or motor restlessness, sympathetic autonomic over-activity, subjective experience of nervousness, difficulty maintaining concentration, irritability, or sleep disturbance. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. The symptoms are not a manifestation of another health condition and are not due to the effects of a substance or medication on the central nervous system.

6B01 **Panic disorder**

Panic disorder is characterized by recurrent unexpected panic attacks that are not restricted to particular stimuli or situations. Panic attacks are discrete episodes of intense fear or apprehension accompanied by the rapid and concurrent onset of several characteristic symptoms (e.g., palpitations or increased heart rate, sweating, trembling, shortness of breath, chest pain, dizziness or lightheadedness, chills, hot flushes, fear of imminent death). In addition, panic disorder is characterized by persistent concern about the recurrence or significance of panic attacks, or behaviors intended to avoid their recurrence, that results in significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. The symptoms are not a manifestation of another health condition and are not due to the effects of a substance or medication on the central nervous system.

Exclusions: Panic attack (MB23.H)

6B02 **Agoraphobia**

Agoraphobia is characterized by marked and excessive fear or anxiety that occurs in response to multiple situations where escape might be difficult or help might not be available, such as using public transportation, being in crowds, being outside the home alone (e.g., in shops, theatres, standing in line). The individual is consistently anxious about these situations due to a fear of specific negative outcomes (e.g., panic attacks, other incapacitating or embarrassing physical symptoms). The situations are actively avoided, entered only under specific circumstances such as in the presence of a trusted companion, or endured with intense fear or anxiety. The symptoms persist for least several months, and are sufficiently severe to result in significant distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning.

6B03 **Specific phobia**

Specific phobia is characterized by a marked and excessive fear or anxiety that consistently occurs when exposed to one or more specific objects or situations (e.g., proximity to certain animals, flying, heights, closed spaces, sight of blood or injury) and that is out of proportion to actual danger. The phobic objects or situations are avoided or else endured with intense fear or anxiety. Symptoms persist for at least several months and are sufficiently severe to result in significant distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning.

Inclusions: Simple phobia

Acrophobia

Claustrophobia

Exclusions: Body dysmorphic disorder (6B21)

Hypochondriasis (6B23)

6B04 **Social anxiety disorder**

Social anxiety disorder is characterized by marked and excessive fear or anxiety that consistently occurs in one or more social situations such as social interactions (e.g., having a conversation), being observed (e.g., eating or drinking), or performing in front of others (e.g., giving a speech). The individual is concerned that he or she will act in a way, or show anxiety symptoms, that will be negatively evaluated by others. The social situations are consistently avoided or else endured with intense fear or anxiety. The symptoms persist for at least several months and are sufficiently severe to result in significant distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning.

Inclusions: Anthropophobia

6B05 **Separation anxiety disorder**

Separation anxiety disorder is characterized by marked and excessive fear or anxiety about separation from specific attachment figures. In children, separation anxiety typically focuses on caregivers, parents or other family members; in adults it is typically a romantic partner or children. Manifestations of separation anxiety may include thoughts of harm or untoward events befalling the attachment figure, reluctance to go to school or work, recurrent excessive distress upon separation, reluctance or refusal to sleep away from the attachment figure, and recurrent nightmares about separation. The symptoms persist for at least several months and are sufficiently severe to result in significant distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning.

Exclusions: mood [affective] disorders (BlockL1-6A6)

Selective mutism (6B06)

Social anxiety disorder (6B04)

6B06 **Selective mutism**

Selective mutism is characterized consistent selectivity in speaking, such that a child demonstrates adequate language competence in specific social situations, typically at home, but consistently fails to speak in others, typically at school. The disturbance lasts for at least one month, is not limited to the first month of school, and is of sufficient severity to interfere with educational or occupational achievement or with social communication. Failure to speak is not due to a lack of knowledge of, or comfort with, the spoken language required in the social situation (e.g., a different language spoken at school than at home).

Exclusions: Schizophrenia (6A20)

transient mutism as part of separation anxiety in young children (6B05)

Autism spectrum disorder (6A02)

6B0Y **Other specified anxiety or fear-related disorders**

6B0Z **Anxiety or fear-related disorders, unspecified**

Obsessive-compulsive or related disorders (BlockL1-6B2)

Obsessive-compulsive and related disorders is a group of disorders characterized by repetitive thoughts and behaviours that are believed to share similarities in etiology and key diagnostic validators. Cognitive phenomena such as obsessions, intrusive thoughts and preoccupations are central to a subset of these conditions (i.e., obsessive-compulsive disorder, body dysmorphic disorder, hypochondriasis, and olfactory reference disorder) and are accompanied by related repetitive behaviours. Hoarding Disorder is not associated with intrusive unwanted thoughts but rather is characterized by a compulsive need to accumulate possessions and distress related to discarding them. Also included in the grouping are body-focused repetitive behaviour disorders, which are primarily characterized by recurrent and habitual actions directed at the integument (e.g., hair-pulling, skin-picking) and lack a prominent cognitive aspect. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning.

Coded Elsewhere: Substance-induced obsessive-compulsive or related disorders

Secondary obsessive-compulsive or related syndrome (6E64)

Tourette syndrome (8A05.00)

6B20 Obsessive-compulsive disorder

Obsessive-Compulsive Disorder is characterized by the presence of persistent obsessions or compulsions, or most commonly both. Obsessions are repetitive and persistent thoughts, images, or impulses/urges that are intrusive, unwanted, and are commonly associated with anxiety. The individual attempts to ignore or suppress obsessions or to neutralize them by performing compulsions. Compulsions are repetitive behaviors including repetitive mental acts that the individual feels driven to perform in response to an obsession, according to rigid rules, or to achieve a sense of 'completeness'. In order for obsessive-compulsive disorder to be diagnosed, obsessions and compulsions must be time consuming (e.g., taking more than an hour per day), and result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Inclusions: anankastic neurosis

obsessive-compulsive neurosis

Exclusions: obsessive compulsive behaviour (MB23.4)

6B20.0 Obsessive-compulsive disorder with fair to good insight

All definitional requirements of obsessive-compulsive disorder are met. Much of the time, the individual is able to entertain the possibility that his or her disorder-specific beliefs may not be true and is willing to accept an alternative explanation for his or her experience. At circumscribed times (e.g., when highly anxious), the individual may demonstrate no insight.

6B20.1 Obsessive-compulsive disorder with poor to absent insight

All definitional requirements of obsessive-compulsive disorder are met. Most or all of the time, the individual is convinced that the disorder-specific beliefs are true and cannot accept an alternative explanation for their experience. The lack of insight exhibited by the individual does not vary markedly as a function of anxiety level.

6B20.Z Obsessive-compulsive disorder, unspecified

6B21 Body dysmorphic disorder

Body Dysmorphic Disorder is characterized by persistent preoccupation with one or more perceived defects or flaws in appearance that are either unnoticeable or only slightly noticeable to others. Individuals experience excessive self-consciousness, often with ideas of reference (i.e., the conviction that people are taking notice, judging, or talking about the perceived defect or flaw). In response to their preoccupation, individuals engage in repetitive and excessive behaviours that include repeated examination of the appearance or severity of the perceived defect or flaw, excessive attempts to camouflage or alter the perceived defect, or marked avoidance of social situations or triggers that increase distress about the perceived defect or flaw. The symptoms are sufficiently severe to result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Exclusions: Anorexia Nervosa (6B80)

Bodily distress disorder (6C20)

Concern about body appearance (BlockL2-QD3)

6B21.0 Body dysmorphic disorder with fair to good insight

All definitional requirements of body dysmorphic disorder are met. Much of the time, the individual is able to entertain the possibility that his or her disorder-specific beliefs may not be true and is willing to accept an alternative explanation for his or her experience. At circumscribed times (e.g., when highly anxious), the individual may demonstrate no insight.

6B21.1 Body dysmorphic disorder with poor to absent insight

All definitional requirements of body dysmorphic disorder are met. Most or all of the time, the individual is convinced that the disorder-specific beliefs are true and cannot accept an alternative explanation for their experience. The lack of insight exhibited by the individual does not vary markedly as a function of anxiety level.

6B21.Z Body dysmorphic disorder, unspecified

6B22 Olfactory reference disorder

Olfactory Reference Disorder is characterized by persistent preoccupation with the belief that one is emitting a perceived foul or offensive body odour or breath that is either unnoticeable or only slightly noticeable to others. Individuals experience excessive self-consciousness about the perceived odour, often with ideas of reference (i.e., the conviction that people are taking notice, judging, or talking about the odour). In response to their preoccupation, individuals engage in repetitive and excessive behaviours such as repeatedly checking for body odour or checking the perceived source of the smell, or repeatedly seeking reassurance, excessive attempts to camouflage, alter, or prevent the perceived odour, or marked avoidance of social situations or triggers that increase distress about the perceived foul or offensive odour. The symptoms are sufficiently severe to result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

6B22.0 Olfactory reference disorder with fair to good insight

All definitional requirements of olfactory reference disorder are met. Much of the time, the individual is able to entertain the possibility that his or her disorder-specific beliefs may not be true and is willing to accept an alternative explanation for his or her experience. At circumscribed times (e.g., when highly anxious), the individual may demonstrate no insight.

6B22.1 Olfactory reference disorder with poor to absent insight

All definitional requirements of olfactory reference disorder are met. Most or all of the time, the individual is convinced that the disorder-specific beliefs are true and cannot accept an alternative explanation for their experience. The lack of insight exhibited by the individual does not vary markedly as a function of anxiety level.

6B22.Z Olfactory reference disorder, unspecified

6B23 Hypochondriasis

Hypochondriasis is characterized by persistent preoccupation with or fear about the possibility of having one or more serious, progressive or life-threatening diseases. The preoccupation is associated with catastrophic misinterpretation of bodily signs or symptoms, including normal or commonplace sensations, and is manifest either in repetitive and excessive health-related behaviours or in maladaptive avoidance behaviours related to health. The preoccupation or fear is not simply a reasonable concern related to a specific context of the patient, and persists or reoccurs despite appropriate medical evaluation and reassurance. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Inclusions: Hypochondriacal neurosis

Nosophobia

Illness anxiety disorder

Exclusions: Body dysmorphic disorder (6B21)

Bodily distress disorder (6C20)

Fear of cancer (MG24.0)

6B23.0 Hypochondriasis with fair to good insight

All definitional requirements of hypochondriasis are met. Much of the time, the individual is able to entertain the possibility that his or her disorder-specific beliefs may not be true and is willing to accept an alternative explanation for his or her experience. At circumscribed times (e.g., when highly anxious), the individual may demonstrate no insight.

6B23.1 Hypochondriasis with poor to absent insight

All definitional requirements of hypochondriasis are met. Most or all of the time, the individual is convinced that the disorder-specific beliefs are true and cannot accept an alternative explanation for their experience. The lack of insight exhibited by the individual does not vary markedly as a function of anxiety level.

6B23.Z Hypochondriasis, unspecified

6B24 Hoarding disorder

Hoarding disorder is characterised by accumulation of possessions due to excessive acquisition of or difficulty discarding possessions, regardless of their actual value. Excessive acquisition is characterized by repetitive urges or behaviours related to amassing or buying items. Difficulty discarding possessions is characterized by a perceived need to save items and distress associated with discarding them. Accumulation of possessions results in living spaces becoming cluttered to the point that their use or safety is compromised. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

6B24.0 Hoarding disorder with fair to good insight

All definitional requirements of hoarding disorder are met. The individual recognizes that hoarding-related beliefs and behaviours (pertaining to excessive acquisition, difficulty discarding, or clutter) are problematic. This qualifier level may still be applied if, at circumscribed times (e.g., when being forced to discard items), the individual demonstrates no insight.

6B24.1 Hoarding disorder with poor to absent insight

All definitional requirements of hoarding disorder are met. Most or all of the time, the individual is convinced that that hoarding-related beliefs and behaviours (pertaining to excessive acquisition, difficulty discarding, or clutter) are not problematic, despite evidence to the contrary. The lack of insight exhibited by the individual does not vary markedly as a function of anxiety level.

6B24.Z Hoarding disorder, unspecified

6B25 Body-focused repetitive behaviour disorders

Body focused repetitive behavior disorders are characterized by recurrent and habitual actions directed at the integument (e.g. hair-pulling, skin-picking, lip-biting), typically accompanied by unsuccessful attempts to decrease or stop the behaviour involved, and which lead to dermatological sequelae (e.g., hair loss, skin lesions, lip abrasions). The behaviour may occur in brief episodes scattered throughout the day or in less frequent but more sustained periods. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

6B25.0 Trichotillomania

Trichotillomania is characterized by recurrent pulling of one's own hair leading to significant hair loss, accompanied by unsuccessful attempts to decrease or stop the behaviour. Hair pulling may occur from any region of the body in which hair grows but the most common sites are the scalp, eyebrows, and eyelids. Hair pulling may occur in brief episodes scattered throughout the day or in less frequent but more sustained periods. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Inclusions: Compulsive hair plucking

Exclusions: stereotyped movement disorder with hair-plucking (6A06)

6B25.1 Excoriation disorder

Excoriation disorder is characterized by recurrent picking of one's own skin leading to skin lesions, accompanied by unsuccessful attempts to decrease or stop the behaviour. The most commonly picked sites are the face, arms and hands, but many individuals pick from multiple body sites. Skin picking may occur in brief episodes scattered throughout the day or in less frequent but more sustained periods. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Inclusions: skin picking disorder

Exclusions: Stereotyped movement disorder (6A06)

Acute excoriation of skin (ME62.9)

Chronic excoriation of skin (ME63.7)

6B25.Y Other specified body-focused repetitive behaviour disorders

6B25.Z Body-focused repetitive behaviour disorders, unspecified

6B2Y **Other specified obsessive-compulsive or related disorders**

6B2Z **Obsessive-compulsive or related disorders, unspecified**

Disorders specifically associated with stress (BlockL1-6B4)

Disorders specifically associated with stress are directly related to exposure to a stressful or traumatic event, or a series of such events or adverse experiences. For each of the disorders in this grouping, an identifiable stressor is a necessary, though not sufficient, causal factor. Although not all individuals exposed to an identified stressor will develop a disorder, the disorders in this grouping would not have occurred without experiencing the stressor. Stressful events for some disorders in this grouping are within the normal range of life experiences (e.g., divorce, socio-economic problems, bereavement). Other disorders require the experience of a stressor of an extremely threatening or horrific nature (i.e., potentially traumatic events). With all disorders in this grouping, it is the nature, pattern, and duration of the symptoms that arise in response to the stressful events—together with associated functional impairment—that distinguishes the disorders.

Exclusions: Burn-out (QD85)

Acute stress reaction (QE84)

6B40 **Post traumatic stress disorder**

Post-traumatic stress disorder (PTSD) is a syndrome that develops following exposure to an extremely threatening or horrific event or series of events that is characterized by all of the following: 1) re-experiencing the traumatic event or events in the present in the form of vivid intrusive memories, flashbacks, or nightmares, which are typically accompanied by strong and overwhelming emotions such as fear or horror and strong physical sensations, or feelings of being overwhelmed or immersed in the same intense emotions that were experienced during the traumatic event; 2) avoidance of thoughts and memories of the event or events, or avoidance of activities, situations, or people reminiscent of the event or events; and 3) persistent perceptions of heightened current threat, for example as indicated by hypervigilance or an enhanced startle reaction to stimuli such as unexpected noises. The symptoms must persist for at least several weeks and cause significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Inclusions: Traumatic neurosis

Exclusions: Acute stress reaction (QE84)

Complex post traumatic stress disorder (6B41)

6B41 **Complex post traumatic stress disorder**

Complex post-traumatic stress disorder (Complex PTSD) is a disorder that may develop following exposure to an event or series of events of an extremely threatening or horrific nature, most commonly prolonged or repetitive events from which escape is difficult or impossible (e.g., torture, slavery, genocide campaigns, prolonged domestic violence, repeated childhood sexual or physical abuse). The disorder is characterized by the core symptoms of PTSD; that is, all diagnostic requirements for PTSD have been met at some point during the course of the disorder. In addition, Complex PTSD is characterized by 1) severe and pervasive problems in affect regulation; 2) persistent beliefs about oneself as diminished, defeated or worthless, accompanied by deep and pervasive feelings of shame, guilt or failure related to the traumatic event; and 3) persistent difficulties in sustaining relationships and in feeling close to others. The disturbance causes significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Exclusions: Post traumatic stress disorder (6B40)

6B42 **Prolonged grief disorder**

Prolonged grief disorder is a disturbance in which, following the death of a partner, parent, child, or other person close to the bereaved, there is persistent and pervasive grief response characterized by longing for the deceased or persistent preoccupation with the deceased accompanied by intense emotional pain (e.g. sadness, guilt, anger, denial, blame, difficulty accepting the death, feeling one has lost a part of one's self, an inability to experience positive mood, emotional numbness, difficulty in engaging with social or other activities). The grief response has persisted for an atypically long period of time following the loss (more than 6 months at a minimum) and clearly exceeds expected social, cultural or religious norms for the individual's culture and context. Grief reactions that have persisted for longer periods that are within a normative period of grieving given the person's cultural and religious context are viewed as normal bereavement responses and are not assigned a diagnosis. The disturbance causes significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

6B43 **Adjustment disorder**

Adjustment disorder is a maladaptive reaction to an identifiable psychosocial stressor or multiple stressors (e.g., divorce, illness or disability, socio-economic problems, conflicts at home or work) that usually emerges within a month of the stressor. The disorder is characterized by preoccupation with the stressor or its consequences, including excessive worry, recurrent and distressing thoughts about the stressor, or constant rumination about its implications, as well as by failure to adapt to the stressor that causes significant impairment in personal, family, social, educational, occupational or other important areas of functioning. The symptoms are not of sufficient specificity or severity to justify the diagnosis of another Mental and Behavioural Disorder and typically resolve within 6 months, unless the stressor persists for a longer duration.

Exclusions: separation anxiety disorder of childhood (6B05)

Recurrent depressive disorder (6A71)

Single episode depressive disorder (6A70)

Prolonged grief disorder (6B42)

Uncomplicated bereavement (QE62)

Burn-out (QD85)

Acute stress reaction (QE84)

6B44 **Reactive attachment disorder**

Reactive attachment disorder is characterized by grossly abnormal attachment behaviours in early childhood, occurring in the context of a history of grossly inadequate child care (e.g., severe neglect, maltreatment, institutional deprivation). Even when an adequate primary caregiver is newly available, the child does not turn to the primary caregiver for comfort, support and nurture, rarely displays security-seeking behaviours towards any adult, and does not respond when comfort is offered. Reactive attachment disorder can only be diagnosed in children, and features of the disorder develop within the first 5 years of life. However, the disorder cannot be diagnosed before the age of 1 year (or a developmental age of less than 9 months), when the capacity for selective attachments may not be fully developed, or in the context of Autism spectrum disorder.

Exclusions: Asperger syndrome (6A02)

disinhibited attachment disorder of childhood (6B45)

6B45 **Disinhibited social engagement disorder**

Disinhibited social engagement disorder is characterized by grossly abnormal social behaviour, occurring in the context of a history of grossly inadequate child care (e.g., severe neglect, institutional deprivation). The child approaches adults indiscriminately, lacks reticence to approach, will go away with unfamiliar adults, and exhibits overly familiar behaviour towards strangers. Disinhibited social engagement disorder can only be diagnosed in children, and features of the disorder develop within the first 5 years of life. However, the disorder cannot be diagnosed before the age of 1 year (or a developmental age of less than 9 months), when the capacity for selective attachments may not be fully developed, or in the context of Autism spectrum disorder.

Exclusions: Asperger syndrome (6A02)

Adjustment disorder (6B43)

Attention deficit hyperactivity disorder (6A05)

reactive attachment disorder of childhood (6B44)

6B4Y **Other specified disorders specifically associated with stress**

6B4Z **Disorders specifically associated with stress, unspecified**

Dissociative disorders (BlockL1-6B6)

Dissociative disorders are characterized by involuntary disruption or discontinuity in the normal integration of one or more of the following: identity, sensations, perceptions, affects, thoughts, memories, control over bodily movements, or behaviour. Disruption or discontinuity may be complete, but is more commonly partial, and can vary from day to day or even from hour to hour. The symptoms of dissociative disorders are not due the direct effects of a medication or substance, including withdrawal effects, are not better explained by another Mental, behavioural, or neurodevelopmental disorder, a Sleep-wake disorder, a Disease of the nervous system or other health condition, and are not part of an accepted cultural, religious, or spiritual practice. Dissociative symptoms in dissociative disorders are sufficiently severe to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Coded Elsewhere: Secondary dissociative syndrome (6E65)

6B60 **Dissociative neurological symptom disorder**

Dissociative neurological symptom disorder is characterized by the presentation of motor, sensory, or cognitive symptoms that imply an involuntary discontinuity in the normal integration of motor, sensory, or cognitive functions and are not consistent with a recognized disease of the nervous system, other mental or behavioural disorder, or other health condition. The symptoms do not occur exclusively during another dissociative disorder and are not due to the effects of a substance or medication on the central nervous system, including withdrawal effects, or a Sleep-Wake disorder.

Exclusions: Factitious disorders (BlockL1-6D5)

6B60.0 Dissociative neurological symptom disorder, with visual disturbance

Dissociative neurological symptom disorder, with visual disturbance is characterized by visual symptoms such as blindness, tunnel vision, diplopia, visual distortions or hallucinations that are not consistent with a recognized disease of the nervous system, other mental or behavioural disorder, or other health condition and do not occur exclusively during another dissociative disorder.

6B60.1 Dissociative neurological symptom disorder, with auditory disturbance

Dissociative neurological symptom disorder, with auditory disturbance is characterized by auditory symptoms such as loss of hearing or auditory hallucinations that are not consistent with a recognized disease of the nervous system, other mental or behavioural disorder, or other health condition and do not occur exclusively during another dissociative disorder.

6B60.2 Dissociative neurological symptom disorder, with vertigo or dizziness

Dissociative neurological symptom disorder, with vertigo or dizziness is characterized by a sensation of spinning while stationary (vertigo) or dizziness that is not consistent with a recognized disease of the nervous system, mental or behavioural disorder, or other health condition and does not occur exclusively during another dissociative disorder.

6B60.3 Dissociative neurological symptom disorder, with other sensory disturbance

Dissociative neurological symptom disorder, with other sensory disturbance is characterized by sensory symptoms not identified in other specific categories in this grouping such as numbness, tightness, tingling, burning, pain, or other symptoms related to touch, smell, taste, balance, proprioception, kinesthesia, or thermoception. The symptoms are not consistent with a recognized disease of the nervous system, other mental or behavioural disorder, or other health condition and do not occur exclusively during another dissociative disorder.

6B60.4 Dissociative neurological symptom disorder, with non-epileptic seizures

Dissociative neurological symptom disorder, with non-epileptic seizures is characterized by a symptomatic presentation of seizures or convulsions that are not consistent with a recognized disease of the nervous system, other mental or behavioural disorder, or other health condition and do not occur exclusively during another dissociative disorder.

6B60.5 Dissociative neurological symptom disorder, with speech disturbance

Dissociative neurological symptom disorder, with speech disturbance is characterized by symptoms such as difficulty with speaking (dysphonia), loss of the ability to speak (aphonia) or difficult or unclear articulation of speech (dysarthria) that are not consistent with a recognized disease of the nervous system, a neurodevelopmental or neurocognitive disorder, other mental or behavioural disorder, or other health condition and do not occur exclusively during another dissociative disorder.

6B60.6 Dissociative neurological symptom disorder, with paresis or weakness

Dissociative neurological symptom disorder, with paresis or weakness is characterized by a difficulty or inability to intentionally move parts of the body or to coordinate movements that is not consistent with a recognized disease of the nervous system, other mental and behavioural disorder, other health condition and does not occur exclusively during another dissociative disorder.

6B60.7 Dissociative neurological symptom disorder, with gait disturbance

Dissociative neurological symptom disorder, with gait disturbance is characterized by symptoms involving the individual's ability or manner of walking, including ataxia and the inability to stand unaided, that are not consistent with a recognized disease of the nervous system, other mental and behavioural disorder, or other health condition and do not occur exclusively during another dissociative disorder.

6B60.8 Dissociative neurological symptom disorder, with movement disturbance

Dissociative neurological symptom disorder, with movement disturbance is characterized by symptoms such as chorea, myoclonus, tremor, dystonia, facial spasm, parkinsonism, or dyskinesia that are not consistent with a recognized disease of the nervous system, other mental and behavioural disorder, or other health condition and do not occur exclusively during another dissociative disorder.

6B60.80 Dissociative neurological symptom disorder, with chorea

Dissociative neurological symptom disorder, with chorea is characterized by irregular, non-repetitive, brief, jerky, flowing movements that move randomly from one part of the body to another that are not consistent with a recognized disease of the nervous system, other mental and behavioural disorder, or other health condition and do not occur exclusively during another dissociative disorder.

6B60.81 Dissociative neurological symptom disorder, with myoclonus

Dissociative neurological symptom disorder, with myoclonus is characterized by sudden rapid jerks that may be focal, multifocal or generalized that are not consistent with a recognized disease of the nervous system, other mental and behavioural disorder, or other health condition and do not occur exclusively during another dissociative disorder.

6B60.82 Dissociative neurological symptom disorder, with tremor

Dissociative neurological symptom disorder, with tremor is characterized by involuntary oscillation of a body part that is not consistent with a recognized disease of the nervous system, other mental and behavioural disorder, or other health condition and does not occur exclusively during another dissociative disorder.

6B60.83 Dissociative neurological symptom disorder, with dystonia

Dissociative neurological symptom disorder, with dystonia is characterized by sustained muscle contractions that frequently causing twisting and repetitive movements or abnormal postures that are not consistent with a recognized disease of the nervous system, other mental and behavioural disorder, or other health condition and do not occur exclusively during another dissociative disorder.

6B60.84 Dissociative neurological symptom disorder, with facial spasm

Dissociative neurological symptom disorder, with facial spasm is characterized by involuntary muscle contractions or twitching of the face that is not consistent with a recognized disease of the nervous system, other mental and behavioural disorder, or other health condition and does not occur exclusively during another dissociative disorder.

6B60.85 Dissociative neurological symptom disorder, with Parkinsonism

Dissociative neurological symptom disorder, with Parkinsonism is characterized by a symptomatic presentation of a Parkinson-like syndrome in the absence of confirmed Parkinson disease that does not occur exclusively during another dissociative disorder. Dissociative neurological symptom disorder, with Parkinsonism can be distinguished from Parkinson disease by features such as brupt onset, early disability, bilateral shaking and slowness, nondecremental slowness when performing repetitive movements, voluntary resistance against passive movement without cogwheel rigidity, distractibility, ‘give-way’ weakness, stuttering speech, bizarre gait, and a variety of behavioral symptoms.

6B60.8Y Dissociative neurological symptom disorder, with other specified movement disturbance

6B60.8Z Dissociative neurological symptom disorder, with unspecified movement disturbance

6B60.9 Dissociative neurological symptom disorder, with cognitive symptoms

Dissociative neurological symptom disorder, with cognitive symptoms is characterized by impaired cognitive performance in memory, language or other cognitive domains that is internal inconsistent and not consistent with a recognized disease of the nervous system, a neurodevelopmental or neurocognitive disorder, other mental and behavioural disorder, or another health condition and does not occur exclusively during another dissociative disorder.

Exclusions: Dissociative amnesia (6B61)

6B60.Y Dissociative neurological symptom disorder, with other specified symptoms

6B60.Z Dissociative neurological symptom disorder, with unspecified symptoms

6B61 Dissociative amnesia

Dissociative amnesia is characterized by an inability to recall important autobiographical memories, typically of recent traumatic or stressful events, that is inconsistent with ordinary forgetting. The amnesia does not occur exclusively during another dissociative disorder and is not better explained by another mental, behavioural or neurodevelopmental disorder. The amnesia is not due to the direct effects of a substance or medication on the central nervous system, including withdrawal effects, and is not due to a disease of the nervous system or to head trauma. The amnesia results in significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Exclusions: amnesia NOS (MB21.1)

Amnestic disorder due to use of alcohol (6D72.10)

Anterograde amnesia (MB21.10)

Retrograde amnesia (MB21.11)

nonalcoholic organic amnesic syndrome (6D72.0)

postictal amnesia in epilepsy (BlockL1-8A6)

6B62 Trance disorder

Trance disorder is characterized by trance states in which there is a marked alteration in the individual's state of consciousness or a loss of the individual's customary sense of personal identity in which the individual experiences a narrowing of awareness of immediate surroundings or unusually narrow and selective focusing on environmental stimuli and restriction of movements, postures, and speech to repetition of a small repertoire that is experienced as being outside of one's control. The trance state is not characterized by the experience of being replaced by an alternate identity. Trance episodes are recurrent or, if the diagnosis is based on a single episode, the episode has lasted for at least several days. The trance state is involuntary and unwanted and is not accepted as a part of a collective cultural or religious practice. The symptoms do not occur exclusively during another dissociative disorder and are not better explained by another mental, behavioural or neurodevelopmental disorder. The symptoms are not due to the direct effects of a substance or medication on the central nervous system, including withdrawal effects, exhaustion, or to hypnagogic or hypnopompic states, and are not due to a disease of the nervous system, head trauma, or a sleep-wake disorder. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

6B63 **Possession trance disorder**

Possession trance disorder is characterized by trance states in which there is a marked alteration in the individual's state of consciousness and the individual's customary sense of personal identity is replaced by an external 'possessing' identity and in which the individual's behaviours or movements are experienced as being controlled by the possessing agent. Possession trance episodes are recurrent or, if the diagnosis is based on a single episode, the episode has lasted for at least several days. The possession trance state is involuntary and unwanted and is not accepted as a part of a collective cultural or religious practice. The symptoms do not occur exclusively during another dissociative disorder and are not better explained by another mental, behavioural or neurodevelopmental disorder. The symptoms are not due to the direct effects of a substance or medication on the central nervous system, including withdrawal effects, exhaustion, or to hypnagogic or hypnopompic states, and are not due to a disease of the nervous system or a sleep-wake disorder. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Exclusions: Schizophrenia (6A20)

Disorders due to use of other specified psychoactive substances, including medications (6C4E)

Acute and transient psychotic disorder (6A23)

Secondary personality change (6E68)

6B64 **Dissociative identity disorder**

Dissociative identity disorder is characterized by disruption of identity in which there are two or more distinct personality states (dissociative identities) associated with marked discontinuities in the sense of self and agency. Each personality state includes its own pattern of experiencing, perceiving, conceiving, and relating to self, the body, and the environment. At least two distinct personality states recurrently take executive control of the individual's consciousness and functioning in interacting with others or with the environment, such as in the performance of specific aspects of daily life such as parenting, or work, or in response to specific situations (e.g., those that are perceived as threatening). Changes in personality state are accompanied by related alterations in sensation, perception, affect, cognition, memory, motor control, and behaviour. There are typically episodes of amnesia, which may be severe. The symptoms are not better explained by another mental, behavioural or neurodevelopmental disorder and are not due to the direct effects of a substance or medication on the central nervous system, including withdrawal effects, and are not due to a disease of the nervous system or a sleep-wake disorder. The symptoms result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

6B65 **Partial dissociative identity disorder**

Partial dissociative identity disorder is characterized by disruption of identity in which there are two or more distinct personality states (dissociative identities) associated with marked discontinuities in the sense of self and agency. Each personality state includes its own pattern of experiencing, perceiving, conceiving, and relating to self, the body, and the environment. One personality state is dominant and normally functions in daily life, but is intruded upon by one or more non-dominant personality states (dissociative intrusions). These intrusions may be cognitive, affective, perceptual, motor, or behavioral. They are experienced as interfering with the functioning of the dominant personality state and are typically aversive. The non-dominant personality states do not recurrently take executive control of the individual's consciousness and functioning, but there may be occasional, limited and transient episodes in which a distinct personality state assumes executive control to engage in circumscribed behaviours, such as in response to extreme emotional states or during episodes of self-harm or the reenactment of traumatic memories. The symptoms are not better explained by another mental, behavioural or neurodevelopmental disorder and are not due to the direct effects of a substance or medication on the central nervous system, including withdrawal effects, and are not due to a disease of the nervous system or a sleep-wake disorder. The symptoms result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

6B66 **Depersonalization-derealization disorder**

Depersonalization-derealization disorder is characterized by persistent or recurrent experiences of depersonalization, derealization, or both. Depersonalization is characterized by experiencing the self as strange or unreal, or feeling detached from, or as though one were an outside observer of, one's thoughts, feelings, sensations, body, or actions. Derealization is characterized by experiencing other persons, objects, or the world as strange or unreal (e.g., dreamlike, distant, foggy, lifeless, colorless, or visually distorted) or feeling detached from one's surroundings. During experiences of depersonalization or derealization, reality testing remains intact. The experiences of depersonalization or derealization do not occur exclusively during another dissociative disorder and are not better explained by another mental, behavioural or neurodevelopmental disorder. The experiences of depersonalization or derealization are not due to the direct effects of a substance or medication on the central nervous system, including withdrawal effects, and are not due to a disease of the nervous system or to head trauma. The symptoms result in significant distress or impairment in personal, family, social, educational, occupational or other important areas of functioning.

6B6Y **Other specified dissociative disorders**

6B6Z **Dissociative disorders, unspecified**

Feeding or eating disorders (BlockL1-6B8)

Feeding and Eating Disorders involve abnormal eating or feeding behaviours that are not explained by another health condition and are not developmentally appropriate or culturally sanctioned. Feeding disorders involve behavioural disturbances that are not related to body weight and shape concerns, such as eating of non-edible substances or voluntary regurgitation of foods. Eating disorders include abnormal eating behaviour and preoccupation with food as well as prominent body weight and shape concerns.

6B80 **Anorexia Nervosa**

Anorexia Nervosa is characterized by significantly low body weight for the individual's height, age and developmental stage (body mass index (BMI) less than 18.5 kg/m2 in adults and BMI-for-age under fifth percentile in children and adolescents) that is not due to another health condition or to the unavailability of food. Low body weight is accompanied by a persistent pattern of behaviours to prevent restoration of normal weight, which may include behaviours aimed at reducing energy intake (restricted eating), purging behaviours (e.g., self-induced vomiting, misuse of laxatives), and behaviours aimed at increasing energy expenditure (e.g., excessive exercise), typically associated with a fear of weight gain. Low body weight or shape is central to the person's self-evaluation or is inaccurately perceived to be normal or even excessive.

6B80.0 Anorexia Nervosa with significantly low body weight

Anorexia Nervosa with significantly low body weight meets all definitional requirements for Anorexia Nervosa, with BMI between 18.5 kg/m2 and 14.0 kg/m² for adults or between the fifth percentile and the 0.3 percentile for BMI-for-age in children and adolescents).

6B80.00 Anorexia Nervosa with significantly low body weight, restricting pattern

Anorexia Nervosa with significantly low body weight, restricting pattern refers to individuals who meet the definitional requirements of Anorexia Nervosa with significantly low body weight and who induce weight loss and maintain low body weight through restricted food intake or fasting alone or in combination with increased energy expenditure (such as through excessive exercise) but who do not engage in binge eating or purging behaviours.

6B80.01 Anorexia Nervosa with significantly low body weight, binge-purge pattern

Anorexia Nervosa with significantly low body weight, binge-purge pattern refers to individuals who meet the definitional requirements of Anorexia Nervosa with significantly low body weight and who present with episodes of binge eating or purging behaviours. These individuals induce weight loss and maintain low body weight through restricted food intake, commonly accompanied by significant purging behaviours aimed at getting rid of ingested food (e.g. self-induced vomiting, laxative abuse or enemas). This pattern also includes individuals who exhibit binge eating episodes but do not purge.

6B80.0Z Anorexia Nervosa with significantly low body weight, unspecified

6B80.1 **Anorexia Nervosa with dangerously low body weight**

Anorexia Nervosa with dangerously low body weight meets all definitional requirements for Anorexia Nervosa, with BMI under 14.0 kg/m² in adults or under the 0.3rd percentile for BMI-for-age in children and adolescents. In the context of Anorexia Nervosa, severe underweight status is an important prognostic factor that is associated with high risk of physical complications and substantially increased mortality.

6B80.10 Anorexia Nervosa with dangerously low body weight, restricting pattern

Anorexia Nervosa with dangerously low body weight, restricting pattern refers to individuals who meet the definitional requirements of Anorexia Nervosa with dangerously low body weight and who induce weight loss and maintain low body weight through restricted food intake or fasting alone or in combination with increased energy expenditure (such as through excessive exercise) but who do not engage in binge eating or purging behaviours.

6B80.11 Anorexia Nervosa with dangerously low body weight, binge-purge pattern

Anorexia Nervosa with dangerously low body weight, binge-purge pattern refers to individuals who meet the definitional requirements of Anorexia Nervosa with dangerously low body weight and who present with episodes of binge eating or purging behaviours. These individuals induce weight loss and maintain low body weight through restricted food intake, commonly accompanied by significant purging behaviours aimed at getting rid of ingested food (e.g. self-induced vomiting, laxative abuse or enemas). This pattern also includes individuals who exhibit binge eating episodes but do not purge.

6B80.1Z Anorexia Nervosa with dangerously low body weight, unspecified

6B80.2 **Anorexia Nervosa in recovery with normal body weight**

Among individuals who are recovering from Anorexia Nervosa and whose body weight is more than 18.5 kg/m2 for adults or over the fifth percentile for BMI-for-age for children and adolescents, the diagnosis should be retained until a full and lasting recovery is achieved, as indicated by the maintenance of a healthy weight and the cessation of behaviours aimed at reducing body weight independent of the provision of treatment (e.g., for at least 1 year after intensive treatment is withdrawn).

6B80.Y **Other specified anorexia Nervosa**

6B80.Z **Anorexia Nervosa, unspecified**

6B81 **Bulimia Nervosa**

Bulimia Nervosa is characterized by frequent, recurrent episodes of binge eating (e.g., once a week or more over a period of at least one month). A binge eating episode is a distinct period of time during which the individual experiences a subjective loss of control over eating, eating notably more or differently than usual, and feels unable to stop eating or limit the type or amount of food eaten. Binge eating is accompanied by repeated inappropriate compensatory behaviours aimed at preventing weight gain (e.g., self-induced vomiting, misuse of laxatives or enemas, strenuous exercise). The individual is preoccupied with body shape or weight, which strongly influences self-evaluation. The individual is not significantly underweight and therefore does not meet the diagnostic requirements of Anorexia Nervosa.

Exclusions: Binge eating disorder (6B82)

6B82 **Binge eating disorder**

Binge eating disorder is characterized by frequent, recurrent episodes of binge eating (e.g., once a week or more over a period of several months). A binge eating episode is a distinct period of time during which the individual experiences a subjective loss of control over eating, eating notably more or differently than usual, and feels unable to stop eating or limit the type or amount of food eaten. Binge eating is experienced as very distressing, and is often accompanied by negative emotions such as guilt or disgust. However, unlike in Bulimia Nervosa, binge eating episodes are not regularly followed by inappropriate compensatory behaviours aimed at preventing weight gain (e.g., self-induced vomiting, misuse of laxatives or enemas, strenuous exercise).

Exclusions: Bulimia Nervosa (6B81)

6B83 **Avoidant-restrictive food intake disorder**

Avoidant-restrictive food intake disorder (ARFID) is characterized by abnormal eating or feeding behaviours that result in the intake of an insufficient quantity or variety of food to meet adequate energy or nutritional requirements. The pattern of restricted eating has caused significant weight loss, failure to gain weight as expected in childhood or pregnancy, clinically significant nutritional deficiencies, dependence on oral nutritional supplements or tube feeding, or has otherwise negatively affected the health of the individual or resulted in significant functional impairment. The pattern of eating behaviour does not reflect concerns about body weight or shape. Restricted food intake and its effects on weight, other aspects of health, or functioning is not better accounted for by lack of food availability, the effects of a medication or substance, or another health condition.

Exclusions: Anorexia Nervosa (6B80)

Feeding problem of infant (MG43.30)

Feeding problems of newborn (KD32)

6B84 **Pica**

Pica is characterized by the regular consumption of non-nutritive substances, such as non-food objects and materials (e.g., clay, soil, chalk, plaster, plastic, metal and paper) or raw food ingredients (e.g., large quantities of salt or corn flour) that is persistent or severe enough to require clinical attention in an individual who has reached a developmental age at which they would be expected to distinguish between edible and non-edible substances (approximately 2 years). That is, the behavior causes damage to health, impairment in functioning, or significant risk due to the frequency, amount or nature of the substances or objects ingested.

6B85 **Rumination-regurgitation disorder**

Rumination-regurgitation disorder is characterized by the intentional and repeated bringing up of previously swallowed food back to the mouth (i.e., regurgitation), which may be re-chewed and re-swallowed (i.e., rumination), or may be deliberately spat out (but not as in vomiting). The regurgitation behaviour is frequent (at least several times per week) and sustained over a period of at least several weeks. The regurgitation behaviour is not fully accounted for by another health condition that directly causes regurgitation (e.g., oesophageal strictures or neuromuscular disorders affecting oesophageal functioning) or causes nausea or vomiting (e.g., pyloric stenosis). Rumination-regurgitation disorder should only be diagnosed in individuals who have reached a developmental age of at least 2 years.

Exclusions: Adult rumination syndrome (DD90.6)

Nausea or vomiting (MD90)

6B8Y **Other specified feeding or eating disorders**

6B8Z **Feeding or eating disorders, unspecified**

Elimination disorders (BlockL1-6C0)

Elimination disorders include the repeated voiding of urine into clothes or bed (enuresis) and the repeated passage of feces in inappropriate places (encopresis). Elimination disorders should only be diagnosed after the individual has reached a developmental age when continence is ordinarily expected (5 years for enuresis and 4 years for encopresis). The urinary or fecal incontinence may have been present from birth (i.e., an atypical extension of normal infantile incontinence), or may have arisen following a period of acquired bladder or bowel control. An Elimination disorder should not be diagnosed if the behaviour is fully attributable to another health condition that causes incontinence, congenital or acquired abnormalities of the urinary tract or bowel, or excessive use of laxatives or diuretics.

6C00 Enuresis

Enuresis is the repeated voiding of urine into clothes or bed, which may occur during the day or at night, in an individual who has reached a developmental age when urinary continence is ordinarily expected (5 years). The urinary incontinence may have been present from birth (i.e., an atypical extension of normal infantile incontinence), or may have arisen following a period of acquired bladder control. In most cases, the behaviour is involuntary but in some cases it appears intentional. Enuresis should not be diagnosed if unintentional voiding of urine is due to a health condition that interferes with continence (e.g., diseases of the nervous system or musculoskeletal disorders) or by congenital or acquired abnormalities of the urinary tract.

Inclusions:
- Functional enuresis
- Psychogenic enuresis
- Urinary incontinence of nonorganic origin

Exclusions:
- Stress incontinence (MF50.20)
- Urge Incontinence (MF50.21)
- Functional urinary incontinence (MF50.23)
- Overflow Incontinence (MF50.2)
- Reflex incontinence (MF50.24)
- Extraurethral urinary incontinence (MF50.2)

6C00.0 Nocturnal enuresis

Nocturnal enuresis refers to repeated voiding of urine into clothes or bed that occurs only during sleep (i.e., during the night) in an individual who has reached a developmental age when urinary continence is ordinarily expected (5 years). The urinary incontinence may have been present from birth (i.e., an atypical extension of normal infantile incontinence), or may have arisen following a period of acquired bladder control. In most cases, the behaviour is involuntary but in some cases it appears intentional.

6C00.1 Diurnal enuresis

Diurnal enuresis refers to repeated voiding of urine into clothes that occurs only during waking hours in an individual who has reached a developmental age when urinary continence is ordinarily expected (5 years). The urinary incontinence may have been present from birth (i.e., an atypical extension of normal infantile incontinence), or may have arisen following a period of acquired bladder control. In most cases, the behaviour is involuntary but in some cases it appears intentional.

6C00.2 Nocturnal and diurnal enuresis

Nocturnal and diurnal enuresis refers to repeated voiding of urine into clothes or bed that occurs both during sleep (i.e., during the night) and during waking hours in an individual who has reached a developmental age when urinary continence is ordinarily expected (5 years). The urinary incontinence may have been present from birth (i.e., an atypical extension of normal infantile incontinence), or may have arisen following a period of acquired bladder control. In most cases, the behaviour is involuntary but in some cases it appears intentional.

6C00.Z Enuresis, unspecified

6C01 Encopresis

Encopresis is the repeated passage of feces in inappropriate places. Encopresis should be diagnosed if inappropriate passage of feces occurs repeatedly (e.g., at least once per month over a period of several months) in an individual who has reached the developmental age when fecal continence is ordinarily expected (4 years). The fecal incontinence may have been present from birth (i.e., an atypical extension of normal infantile incontinence), or may have arisen following a period of acquired bowel control. Encopresis should not be diagnosed if fecal soiling is fully attributable to another health condition (e.g., aganglionic megacolon, spina bifida, dementia), congenital or acquired abnormalities of the bowel, gastrointestinal infection, or excessive use of laxatives.

6C01.0 Encopresis with constipation or overflow incontinence

Encopresis is the repeated passage of feces in inappropriate places occurring repeatedly (e.g., at least once per month over a period of several months) in an individual who has reached the developmental age when fecal continence is ordinarily expected (4 years). The fecal incontinence may have been present from birth (i.e., an atypical extension of normal infantile incontinence), or may have arisen following a period of acquired bowel control. Encopresis with constipation and overflow incontinence is the most common form of fecal soiling, and involves retention and impaction of feces. Stools are typically— but not always— poorly formed (loose or liquid) and leakage may range from occasional to continuous. There is often a history of toilet avoidance leading to constipation.

6C01.1 Encopresis without constipation or overflow incontinence

Encopresis is the repeated passage of feces in inappropriate places occurring repeatedly (e.g., at least once per month over a period of several months) in an individual who has reached the developmental age when fecal continence is ordinarily expected (4 years). The fecal incontinence may have been present from birth (i.e., an atypical extension of normal infantile incontinence), or may have arisen following a period of acquired bowel control. Encopresis without constipation and overflow is not associated with retention and impaction of feces, but rather reflects reluctance, resistance or failure to conform to social norms in defecating in acceptable places in the context of normal physiological control over defecation. Stools are typically of normal consistency and inappropriate defecation is likely to be intermittent.

6C01.Z Encopresis, unspecified

6C0Z Elimination disorders, unspecified

Disorders of bodily distress or bodily experience (BlockL1-6C2)

Disorders of bodily distress and bodily experience are characterized by disturbances in the person's experience of his or her body. Bodily distress disorder involves bodily symptoms that the individual finds distressing and to which excessive attention is directed. Body integrity dysphoria involves a disturbance in the person's experience of the body manifested by the persistent desire to have a specific physical disability accompanied by persistent discomfort, or intense feelings of inappropriateness concerning current non-disabled body configuration.

Exclusions: Dissociative neurological symptom disorder (6B60)

Concern about body appearance (BlockL2-QD3)

6C20 Bodily distress disorder

Bodily distress disorder is characterized by the presence of bodily symptoms that are distressing to the individual and excessive attention directed toward the symptoms, which may be manifest by repeated contact with health care providers. If another health condition is causing or contributing to the symptoms, the degree of attention is clearly excessive in relation to its nature and progression. Excessive attention is not alleviated by appropriate clinical examination and investigations and appropriate reassurance. Bodily symptoms are persistent, being present on most days for at least several months. Typically, bodily distress disorder involves multiple bodily symptoms that may vary over time. Occasionally there is a single symptom—usually pain or fatigue—that is associated with the other features of the disorder.

Exclusions: Tourette syndrome (8A05.00)

Hair pulling disorder (6B25.0)

Dissociative disorders (BlockL1-6B6)

hair-plucking (6B25.0)

Hypochondriasis (6B23)

Body dysmorphic disorder (6B21)

Excoriation disorder (6B25.1)

Gender incongruence (BlockL1-HA6)

Sexual dysfunctions (BlockL1-HA0)

Tic disorders (8A05)

Feigning of symptoms (MB23.B)

Sexual pain-penetration disorder (HA20)

6C20.0 Mild bodily distress disorder

All definitional requirements of bodily distress disorder are present. There is excessive attention to distressing symptoms and their consequences, which may result in frequent medical visits, but the person is not preoccupied with the symptoms (e.g., the individual spends less than an hour per day focusing on them). Although the individual expresses distress about the symptoms and they may have some impact on his or her life (e.g., strain in relationships, less effective academic or occupational functioning, abandonment of specific leisure activities), there is no substantial impairment in the person's personal, family, social, educational, occupational, or other important areas of functioning.

6C20.1 Moderate bodily distress disorder

All definitional requirements of bodily distress disorder are present. There is persistent preoccupation with the distressing symptoms and their consequences (e.g., the individual spends more than an hour a day thinking about them), typically associated with frequent medical visits. The person devotes much of his or her energy to focusing on the symptoms and their consequences. The symptoms and associated distress and preoccupation cause moderate impairment in personal, family, social, educational, occupational, or other important areas of functioning (e.g., relationship conflict, performance problems at work, abandonment of a range of social and leisure activities).

6C20.2 Severe bodily distress disorder

All definitional requirements of Bodily distress disorder are present. There is pervasive and persistent preoccupation with the symptoms and their consequences to the extent that these may become the focal point of the person's life, typically resulting in extensive interactions with the health care system. The symptoms and associated distress and preoccupation cause serious impairment in personal, family, social, educational, occupational, or other important areas of functioning (e.g., unable to work, alienation of friends and family, abandonment of nearly all social and leisure activities). The person's interests may become so narrow so as to focus almost exclusively on his or her bodily symptoms and their negative consequences.

6C20.Z Bodily distress disorder, unspecified

6C21 Body integrity dysphoria

Body integrity dysphoria is characterized by an intense and persistent desire to become physically disabled in a significant way (e.g., major limb amputee, paraplegic, blind), with onset by early adolescence accompanied by persistent discomfort, or intense feelings of inappropriateness concerning current non-disabled body configuration. The desire to become physically disabled results in harmful consequences, as manifested by either the preoccupation with the desire (including time spent pretending to be disabled) significantly interfering with productivity, with leisure activities, or with social functioning (e.g., person is unwilling to have a close relationships because it would make it difficult to pretend) or by attempts to actually become disabled have resulted in the person putting his or her health or life in significant jeopardy.

6C2Y Other specified disorders of bodily distress or bodily experience

6C2Z Disorders of bodily distress or bodily experience, unspecified

Disorders due to substance use or addictive behaviours (BlockL1-6C4)

Disorders due to substance use and addictive behaviours are mental and behavioural disorders that develop as a result of the use of predominantly psychoactive substances, including medications, or specific repetitive rewarding and reinforcing behaviours.

Disorders due to substance use (BlockL2-6C4)

Disorders due to substance use include single episodes of harmful substance use, substance use disorders (harmful substance use and substance dependence), and substance-induced disorders such as substance intoxication, substance withdrawal and substance-induced mental disorders, sexual dysfunctions and sleep-wake disorders.

Coded Elsewhere: Catatonia induced by psychoactive substances, including medications (6A41)

6C40 Disorders due to use of alcohol

Disorders due to use of alcohol are characterised by the pattern and consequences of alcohol use. In addition to Alcohol intoxication, alcohol has dependence-inducing properties, resulting in Alcohol dependence in some people and Alcohol withdrawal when use is reduced or discontinued. Alcohol is implicated in a wide range of harms affecting most organs and systems of the body, which may be classified as Single episode of harmful use of alcohol and Harmful pattern of use of alcohol. Harm to others resulting from behaviour during Alcohol intoxication is included in the definitions of Harmful use of alcohol. Several alcohol-induced mental disorders and alcohol-related forms of neurocognitive impairment are recognised.

Note: Code also the underlying condition

Exclusions: Hazardous alcohol use (QE10)

6C40.0 Single episode of harmful use of alcohol

A single episode of use of alcohol that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behavior due to alcohol intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of alcohol use.

Exclusions: Harmful pattern of use of alcohol (6C40.1)

Alcohol dependence (6C40.2)

6C40.1 **Harmful pattern of use of alcohol**

A pattern of alcohol use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of alcohol use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to alcohol intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of alcohol applies.

Exclusions: Alcohol dependence (6C40.2)

Single episode of harmful use of alcohol (6C40.0)

6C40.10 Harmful pattern of use of alcohol, episodic

A pattern of episodic or intermittent alcohol use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic alcohol use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to alcohol intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of alcohol applies.

Exclusions: Single episode of harmful use of alcohol (6C40.0)

Alcohol dependence (6C40.2)

6C40.11 Harmful pattern of use of alcohol, continuous

A pattern of continuous (daily or almost daily) alcohol use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous alcohol use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to alcohol intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of alcohol applies.

Exclusions: Single episode of harmful use of alcohol (6C40.0)

Alcohol dependence (6C40.2)

6C40.1Z Harmful pattern of use of alcohol, unspecified

6C40.2 Alcohol dependence

Alcohol dependence is a disorder of regulation of alcohol use arising from repeated or continuous use of alcohol. The characteristic feature is a strong internal drive to use alcohol, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use alcohol. Physiological features of dependence may also be present, including tolerance to the effects of alcohol, withdrawal symptoms following cessation or reduction in use of alcohol, or repeated use of alcohol or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if alcohol use is continuous (daily or almost daily) for at least 1 month.

Inclusions: Chronic alcoholism

Dipsomania

Exclusions: Single episode of harmful use of alcohol (6C40.0)

Harmful pattern of use of alcohol (6C40.1)

6C40.20 Alcohol dependence, current use, continuous

Alcohol dependence with continuous consumption of alcohol (daily or almost daily) over a period of at least 1 month.

Exclusions: Single episode of harmful use of alcohol (6C40.0)

Harmful pattern of use of alcohol (6C40.1)

6C40.21 Alcohol dependence, current use, episodic

During the past 12 months, there has been alcohol dependence with intermittent heavy drinking, with periods of abstinence from alcohol. If current use is continuous (daily or almost daily over at least the past 1 month), the diagnosis of Alcohol dependence, current use, continuous should be made instead.

Exclusions: Single episode of harmful use of alcohol (6C40.0)

Harmful pattern of use of alcohol (6C40.1)

6C40.22 Alcohol dependence, early full remission

After a diagnosis of alcohol dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from alcohol during a period lasting from between 1 and 12 months.

Exclusions: Single episode of harmful use of alcohol (6C40.0)

Harmful pattern of use of alcohol (6C40.1)

6C40.23 Alcohol dependence, sustained partial remission

After a diagnosis of alcohol dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in alcohol consumption for more than 12 months, such that even though intermittent or continuing drinking has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Single episode of harmful use of alcohol (6C40.0)

Harmful pattern of use of alcohol (6C40.1)

6C40.24 Alcohol dependence, sustained full remission

After a diagnosis of alcohol dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from alcohol for 12 months or longer.

Exclusions: Single episode of harmful use of alcohol (6C40.0)

Harmful pattern of use of alcohol (6C40.1)

6C40.2Z Alcohol dependence, unspecified

6C40.3 **Alcohol intoxication**

Alcohol intoxication is a clinically significant transient condition that develops during or shortly after the consumption of alcohol that is characterized by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of alcohol and their intensity is closely related to the amount of alcohol consumed. They are time-limited and abate as alcohol is cleared from the body. Presenting features may include impaired attention, inappropriate or aggressive behaviour, lability of mood, impaired judgment, poor coordination, unsteady gait, and slurred speech. At more severe levels of intoxication, stupor or coma may occur.

Note: Code also the underlying condition

Exclusions: alcohol poisoning (NE61)

Possession trance disorder (6B63)

6C40.4 **Alcohol withdrawal**

Alcohol withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of alcohol in individuals who have developed Alcohol dependence or have used alcohol for a prolonged period or in large amounts. Presenting features of Alcohol withdrawal may include autonomic hyperactivity, increased hand tremor, nausea, retching or vomiting, insomnia, anxiety, psychomotor agitation, transient visual, tactile or auditory hallucinations, and distractibility. Less commonly, the withdrawal state is complicated by seizures. The withdrawal state may progress to a very severe form of delirium characterized by confusion and disorientation, delusions, and prolonged visual, tactile or auditory hallucinations. In such cases, a separate diagnosis of Alcohol-induced delirium should also be assigned.

Note: Code also the underlying condition

6C40.40 Alcohol withdrawal, uncomplicated

All diagnostic requirements for Alcohol Withdrawal are met and the withdrawal state is not accompanied by perceptual disturbances or seizures.

Note: Code also the underlying condition

6C40.41 Alcohol withdrawal with perceptual disturbances

All diagnostic requirements for Alcohol withdrawal are met and the withdrawal state is accompanied by perceptual disturbances (e.g., visual or tactile hallucinations or illusions) with intact reality testing. There is no evidence of confusion and other diagnostic requirements for Delirium are not met. The withdrawal state is not accompanied by seizures.

Note: Code also the underlying condition

6C40.42 Alcohol withdrawal with seizures

All diagnostic requirements for Alcohol withdrawal are met and the withdrawal state is accompanied by seizures (i.e., generalized tonic-clonic seizures) but not by perceptual disturbances.

Note: Code also the underlying condition

6C40.43 Alcohol withdrawal with perceptual disturbances and seizures

All diagnostic requirements for Alcohol withdrawal are met and the withdrawal state is accompanied by both seizures (i.e., generalized tonic-clonic seizures) and perceptual disturbances (e.g., visual or tactile hallucinations or illusions) with intact reality testing. Diagnostic requirements for Delirium are not met.

Note: Code also the underlying condition

6C40.4Z Alcohol withdrawal, unspecified

Note: Code also the underlying condition

6C40.5 Alcohol-induced delirium

Alcohol-induced delirium is characterized by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of alcohol. The amount and duration of alcohol use must be capable of producing delirium. Specific features of alcohol-induced delirium may include impaired consciousness with disorientation, vivid hallucinations and illusions, insomnia, delusions, agitation, disturbances of attention, and accompanying tremor and physiological symptoms of alcohol withdrawal. In some cases of alcohol withdrawal, the withdrawal state may progress to a very severe form of Alcohol-induced delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Note: Code also the underlying condition

Inclusions: Delirium tremens (alcohol-induced)

Delirium induced by alcohol withdrawal

6C40.6 **Alcohol-induced psychotic disorder**

Alcohol-induced psychotic disorder is characterized by psychotic symptoms (e.g., delusions, hallucinations, disorganized thinking, grossly disorganized behaviour) that develop during or soon after intoxication with or withdrawal from alcohol. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of Alcohol intoxication or Alcohol withdrawal. The amount and duration of alcohol use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the alcohol use, if the symptoms persist for a substantial period of time after cessation of the alcohol use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with alcohol use).

Note: Code also the underlying condition

Inclusions: alcoholic jealousy

6C40.60 Alcohol-induced psychotic disorder with hallucinations

Alcohol-induced psychotic disorder with hallucinations is characterized by the presence of hallucinations that are judged to be the direct consequence of alcohol use. Neither delusions nor other psychotic symptoms are present. The symptoms do not occur exclusively during hypnogogic or hypnopompic states, are not better accounted for by another mental and behavioural disorder (e.g., schizophrenia), and are not due to another disorder or disease classified elsewhere (e.g., epilepsies with visual symptoms).

Note: Code also the underlying condition

6C40.61 Alcohol-induced psychotic disorder with delusions

Alcohol-induced psychotic disorder with delusions is characterized by the presence of delusions that are judged to be the direct consequence of alcohol use. Neither hallucinations nor other psychotic symptoms are present. The symptoms do not occur exclusively during hypnogogic or hypnopompic states, are not better accounted for by another mental and behavioural disorder (e.g., schizophrenia), and are not due to another disorder or disease classified elsewhere (e.g., epilepsies with visual symptoms).

Note: Code also the underlying condition

6C40.62 Alcohol-induced psychotic disorder with mixed psychotic symptoms

Alcohol-induced psychotic disorder with mixed psychotic symptoms is characterized by the presence of multiple psychotic symptoms, primarily hallucinations and delusions, when these are judged to be the direct consequence of alcohol use. The symptoms do not occur exclusively during hypnogogic or hypnopompic states, are not better accounted for by another mental and behavioural disorder (e.g., schizophrenia), and are not due to another disorder or disease classified elsewhere (e.g., epilepsies with visual symptoms).

Note: Code also the underlying condition

6C40.6Z Alcohol-induced psychotic disorder, unspecified

Note: Code also the underlying condition

6C40.7 **Other alcohol-induced disorders**

Note: Code also the underlying condition

Coded Elsewhere: Amnestic disorder due to use of alcohol (6D72.10)

Dementia due to use of alcohol (6D84.0)

6C40.70 Alcohol-induced mood disorder

Alcohol-induced mood disorder is characterized by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from alcohol. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of Alcohol intoxication or Alcohol withdrawal. The amount and duration of alcohol use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the alcohol use, if the symptoms persist for a substantial period of time after cessation of the alcohol use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with alcohol use).

Note: Code also the underlying condition

6C40.71 Alcohol-induced anxiety disorder

Alcohol-induced anxiety disorder is characterized by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from alcohol. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of Alcohol intoxication or Alcohol withdrawal. The amount and duration of alcohol use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and Fear-Related Disorder, a Depressive Disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the alcohol use, if the symptoms persist for a substantial period of time after cessation of the alcohol use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with alcohol use).

Note: Code also the underlying condition

6C40.Y **Other specified disorders due to use of alcohol**

Note: Code also the underlying condition

6C40.Z **Disorders due to use of alcohol, unspecified**

Note: Code also the underlying condition

6C41 Disorders due to use of cannabis

Disorders due to use of cannabis are characterised by the pattern and consequences of cannabis use. In addition to Cannabis intoxication, cannabis has dependence-inducing properties, resulting in Cannabis dependence in some people and Cannabis withdrawal when use is reduced or discontinued. Cannabis is implicated in a wide range of harms affecting most organs and systems of the body, which may be classified as Single episode of harmful use of cannabis and Harmful pattern of use of cannabis. Harm to others resulting from behaviour during Cannabis intoxication is included in the definitions of Harmful use of cannabis. Several cannabis-induced mental disorders are recognised.

Note: Code also the underlying condition

Exclusions: Disorders due to use of synthetic cannabinoids (6C42)

Hazardous use of cannabis (QE11.1)

6C41.0 Single episode of harmful use of cannabis

A single episode of use of cannabis that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behavior due to cannabis intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of cannabis use.

Exclusions: Cannabis dependence (6C41.2)

Harmful pattern of use of cannabis (6C41.1)

6C41.1 Harmful pattern of use of cannabis

A pattern of cannabis use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of cannabis use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to cannabis intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of cannabis applies.

Exclusions: Cannabis dependence (6C41.2)

Single episode of harmful use of cannabis (6C41.0)

6C41.10 Harmful pattern of use of cannabis, episodic

A pattern of episodic or intermittent cannabis use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic cannabis use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to cannabis intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of cannabis applies.

Exclusions: Single episode of harmful use of cannabis (6C41.0)

Cannabis dependence (6C41.2)

6C41.11 Harmful pattern of use of cannabis, continuous

A pattern of continuous (daily or almost daily) cannabis use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous cannabis use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to cannabis intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of cannabis applies.

Exclusions: Single episode of harmful use of cannabis (6C41.0)

Cannabis dependence (6C41.2)

6C41.1Z Harmful pattern of use of cannabis, unspecified

6C41.2 Cannabis dependence

Cannabis dependence is a disorder of regulation of cannabis use arising from repeated or continuous use of cannabis. The characteristic feature is a strong internal drive to use cannabis, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use cannabis. Physiological features of dependence may also be present, including tolerance to the effects of cannabis, withdrawal symptoms following cessation or reduction in use of cannabis, or repeated use of cannabis or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if cannabis use is continuous (daily or almost daily) for at least 1 month.

Exclusions: Single episode of harmful use of cannabis (6C41.0)

Harmful pattern of use of cannabis (6C41.1)

6C41.20 Cannabis dependence, current use

Current cannabis dependence with use of cannabis within the past month.

Exclusions: Single episode of harmful use of cannabis (6C41.0)

Harmful pattern of use of cannabis (6C41.1)

6C41.21 Cannabis dependence, early full remission

After a diagnosis of cannabis dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from cannabis during a period lasting from between 1 and 12 months.

Exclusions: Single episode of harmful use of cannabis (6C41.0)

Harmful pattern of use of cannabis (6C41.1)

6C41.22 Cannabis dependence, sustained partial remission

After a diagnosis of cannabis dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in cannabis consumption for more than 12 months, such that even though cannabis use has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Single episode of harmful use of cannabis (6C41.0)

Harmful pattern of use of cannabis (6C41.1)

6C41.23 Cannabis dependence, sustained full remission

After a diagnosis of cannabis dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from cannabis for 12 months or longer.

Exclusions: Single episode of harmful use of cannabis (6C41.0)

Harmful pattern of use of cannabis (6C41.1)

6C41.2Z Cannabis dependence, unspecified

6C41.3 Cannabis intoxication

Cannabis intoxication is a clinically significant transient condition that develops during or shortly after the consumption of cannabis that is characterized by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of cannabis and their intensity is closely related to the amount of cannabis consumed. They are time-limited and abate as cannabis is cleared from the body. Presenting features may include inappropriate euphoria, impaired attention, impaired judgment, perceptual alterations (such as the sensation of floating, altered perception of time), changes in sociability, increased appetite, anxiety, intensification of ordinary experiences, impaired short-term memory, and sluggishness. Physical signs include conjunctival injection (red or bloodshot eyes) and tachycardia.

Note: Code also the underlying condition

Inclusions: "Bad trips" (cannabinoids)

Exclusions: cannabinoid poisoning (NE60)

Possession trance disorder (6B63)

6C41.4 Cannabis withdrawal

Cannabis withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of cannabis in individuals who have developed Cannabis dependence or have used cannabis for a prolonged period or in large amounts. Presenting features of Cannabis withdrawal may include irritability, anger, shakiness, insomnia, restlessness, anxiety, dysphoric mood, appetite disturbance, abdominal cramps and muscle aches.

Note: Code also the underlying condition

6C41.5 Cannabis-induced delirium

Cannabis-induced delirium is characterized by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of cannabis. The amount and duration of cannabis use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Note: Code also the underlying condition

6C41.6 Cannabis-induced psychotic disorder

Cannabis-induced psychotic disorder is characterized by psychotic symptoms (e.g., delusions, hallucinations, disorganized thinking, grossly disorganized behaviour) that develop during or soon after intoxication with or withdrawal from cannabis. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of Cannabis intoxication or Cannabis withdrawal. The amount and duration of cannabis use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the cannabis use, if the symptoms persist for a substantial period of time after cessation of the cannabis use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with cannabis use).

Note: Code also the underlying condition

6C41.7 Other cannabis-induced disorders

Note: Code also the underlying condition

6C41.70 Cannabis-induced mood disorder

Cannabis-induced mood disorder is characterized by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from cannabis. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of Cannabis intoxication or Cannabis withdrawal. The amount and duration of cannabis use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the cannabis use, if the symptoms persist for a substantial period of time after cessation of the cannabis use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with cannabis use).

Note: Code also the underlying condition

6C41.71 Cannabis-induced anxiety disorder

Cannabis-induced anxiety disorder is characterized by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from cannabis. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of Cannabis intoxication or Cannabis withdrawal. The amount and duration of cannabis use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and Fear-Related Disorder, a Depressive Disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the cannabis use, if the symptoms persist for a substantial period of time after cessation of the cannabis use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with cannabis use).

Note: Code also the underlying condition

6C41.Y Other specified disorders due to use of cannabis

Note: Code also the underlying condition

6C41.Z Disorders due to use of cannabis, unspecified

Note: Code also the underlying condition

6C42 Disorders due to use of synthetic cannabinoids

Disorders due to use of synthetic cannabinoids are characterised by the pattern and consequences of synthetic cannabinoid use. In addition to Synthetic cannabinoid intoxication, synthetic cannabinoids have dependence-inducing properties, resulting in Synthetic cannabinoid dependence in some people and Synthetic cannabinoid withdrawal when use is reduced or discontinued. Synthetic cannabinoids are implicated in a wide range of harms affecting most organs and systems of the body, which may be classified as Single episode of harmful use of synthetic cannabinoid and Harmful pattern of use of synthetic cannabinoid. Harm to others resulting from behaviour during Synthetic cannabinoid intoxication is included in the definitions of Harmful use of synthetic cannabinoids. Several Synthetic cannabinoid-induced mental disorders are recognised.

Note: Code also the underlying condition

Exclusions: Disorders due to use of cannabis (6C41)

6C42.0 Single episode of harmful use of synthetic cannabinoids

A single episode of use of a synthetic cannabinoid that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behavior due to synthetic cannabinoid intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of synthetic cannabinoid use.

Exclusions: Harmful pattern of use of synthetic cannabinoids (6C42.1)

Synthetic cannabinoid dependence (6C42.2)

6C42.1 Harmful pattern of use of synthetic cannabinoids

A pattern of use of synthetic cannabinoids that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of synthetic cannabinoid use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to synthetic cannabinoid intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of synthetic cannabinoids applies.

Exclusions: Single episode of harmful use of synthetic cannabinoids (6C42.0)

Synthetic cannabinoid dependence (6C42.2)

6C42.10 Harmful pattern of use of synthetic cannabinoids, episodic

A pattern of episodic or intermittent use of synthetic cannabinoids that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic synthetic cannabinoid use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to synthetic cannabinoid intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of synthetic cannabinoids applies.

Exclusions: Single episode of harmful use of synthetic cannabinoids (6C42.0)

Synthetic cannabinoid dependence (6C42.2)

6C42.11 Harmful pattern of use of synthetic cannabinoids, continuous

A pattern of continuous (daily or almost daily) use of synthetic cannabinoids that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous synthetic cannabinoid use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to synthetic cannabinoid intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of synthetic cannabinoids applies.

Exclusions: Single episode of harmful use of synthetic cannabinoids (6C42.0)

Synthetic cannabinoid dependence (6C42.2)

6C42.1Y Other specified harmful pattern of use of synthetic cannabinoids

6C42.1Z Harmful pattern of use of synthetic cannabinoids, unspecified

6C42.2 **Synthetic cannabinoid dependence**

Synthetic cannabinoid dependence is a disorder of regulation of synthetic cannabinoid use arising from repeated or continuous use of synthetic cannabinoids. The characteristic feature is a strong internal drive to use synthetic cannabinoids, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use synthetic cannabinoids. Physiological features of dependence may also be present, including tolerance to the effects of synthetic cannabinoids, withdrawal symptoms following cessation or reduction in use of synthetic cannabinoids, or repeated use of synthetic cannabinoids or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if synthetic cannabinoid use is continuous (daily or almost daily) for at least 1 month.

Exclusions: Single episode of harmful use of synthetic cannabinoids (6C42.0)

Harmful pattern of use of synthetic cannabinoids (6C42.1)

6C42.20 Synthetic cannabinoid dependence, current use

Current synthetic cannabinoid dependence with use of synthetic cannabinoids within the past month.

Exclusions: Single episode of harmful use of synthetic cannabinoids (6C42.0)

Harmful pattern of use of synthetic cannabinoids (6C42.1)

6C42.21 Synthetic cannabinoid dependence, early full remission

After a diagnosis of synthetic cannabinoid dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from synthetic cannabinoid use during a period lasting from between 1 and 12 months.

Exclusions: Single episode of harmful use of synthetic cannabinoids (6C42.0)

Harmful pattern of use of synthetic cannabinoids (6C42.1)

6C42.22 Synthetic cannabinoid dependence, sustained partial remission

After a diagnosis of synthetic cannabinoid dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in synthetic cannabinoid consumption for more than 12 months, such that even though synthetic cannabinoid use has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Single episode of harmful use of synthetic cannabinoids (6C42.0)

Harmful pattern of use of synthetic cannabinoids (6C42.1)

6C42.23 Synthetic cannabinoid dependence, sustained full remission

After a diagnosis of synthetic cannabinoid dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from synthetic cannabinoid use for 12 months or longer.

Exclusions: Single episode of harmful use of synthetic cannabinoids (6C42.0)

Harmful pattern of use of synthetic cannabinoids (6C42.1)

6C42.2Y Other specified synthetic cannabinoid dependence

6C42.2Z Synthetic cannabinoid dependence, unspecified

6C42.3 Synthetic cannabinoid intoxication

Synthetic cannabinoid intoxication is a clinically significant transient condition that develops during or shortly after the consumption of synthetic cannabinoids that is characterized by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of synthetic cannabinoids and their intensity is closely related to the amount of synthetic cannabinoid consumed. They are time-limited and abate as synthetic cannabinoid is cleared from the body. Presenting features may include inappropriate euphoria, impaired attention, impaired judgment, perceptual alterations (such as the sensation of floating, altered perception of time), changes in sociability, increased appetite, anxiety, intensification of ordinary experiences, impaired short-term memory, and sluggishness. Physical signs include conjunctival injection (red or bloodshot eyes) and tachycardia. Intoxication with synthetic cannabinoids may also cause delirium or acute psychosis.

Note: Code also the underlying condition

6C42.4 Synthetic cannabinoid withdrawal

Synthetic cannabinoid withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of synthetic cannabinoids in individuals who have developed Synthetic cannabinoid dependence or have used synthetic cannabinoids for a prolonged period or in large amounts. Presenting features of Synthetic cannabinoid withdrawal may include irritability, anger, aggression, shakiness, insomnia and disturbing dreams, restlessness, anxiety, depressed mood and appetite disturbance. In the early phase, Synthetic cannabinoid withdrawal may be accompanied by residual features of intoxication from the drug, such as paranoid ideation and auditory and visual hallucinations.

Note: Code also the underlying condition

6C42.5 **Synthetic cannabinoid-induced delirium**

Synthetic cannabinoid-induced delirium is characterized by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of synthetic cannabinoids. The amount and duration of synthetic cannabinoid use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Note: Code also the underlying condition

6C42.6 **Synthetic cannabinoid-induced psychotic disorder**

Synthetic cannabinoid-induced psychotic disorder is characterized by psychotic symptoms (e.g., delusions, hallucinations, disorganized thinking, grossly disorganized behaviour) that develop during or soon after intoxication with or withdrawal from synthetic cannabinoids. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of Synthetic cannabinoid intoxication or Synthetic cannabinoid withdrawal. The amount and duration of synthetic cannabinoid use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the synthetic cannabinoid use, if the symptoms persist for a substantial period of time after cessation of the synthetic cannabinoid use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with synthetic cannabinoid use).

Note: Code also the underlying condition

6C42.7 **Other synthetic cannabinoids-induced disorders**

Note: Code also the underlying condition

6C42.70 Synthetic cannabinoid-induced mood disorder

Synthetic cannabinoid-induced mood disorder is characterized by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from synthetic cannabinoids. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of Synthetic cannabinoid intoxication or Synthetic cannabinoid withdrawal. The amount and duration of synthetic cannabinoid use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the synthetic cannabinoid use, if the symptoms persist for a substantial period of time after cessation of the synthetic cannabinoid use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with synthetic cannabinoid use).

Note: Code also the underlying condition

6C42.71 Synthetic cannabinoid-induced anxiety disorder

Synthetic cannabinoid-induced anxiety disorder is characterized by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from synthetic cannabinoids. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of Synthetic cannabinoid intoxication or Synthetic cannabinoid withdrawal. The amount and duration of synthetic cannabinoid use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and Fear-Related Disorder, a Depressive Disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the synthetic cannabinoid use, if the symptoms persist for a substantial period of time after cessation of the synthetic cannabinoid use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with synthetic cannabinoid use).

Note: Code also the underlying condition

6C43 Disorders due to use of opioids

Disorders due to use of opioids are characterised by the pattern and consequences of opioid use. In addition to Opioid intoxication, opioids have dependence-inducing properties, resulting in Opioid dependence in some people and Opioid withdrawal when use is reduced or discontinued. Opioids are implicated in a wide range of harms affecting most organs and systems of the body, which may be classified as Single episode of harmful use of opioids and Harmful pattern of use of opioids. Harm to others resulting from behaviour during Opioid intoxication is included in the definitions of Harmful use of opioids. Several opioid-induced mental disorders are recognised.

Note: Code also the underlying condition

Exclusions: Hazardous use of opioids (QE11.0)

6C43.0 Single episode of harmful use of opioids

A single episode of opioid use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behavior due to opioid intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of opioid use.

Exclusions: Harmful pattern of use of opioids (6C43.1)

Opioid dependence (6C43.2)

6C43.1 **Harmful pattern of use of opioids**

A pattern of use of opioids that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of opioid use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to opioid intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of opioids applies.

Exclusions: Single episode of harmful use of opioids (6C43.0)

Opioid dependence (6C43.2)

6C43.10 Harmful pattern of use of opioids, episodic

A pattern of episodic or intermittent use of opioids that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic opioid use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to opioid intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of opioids applies.

Exclusions: Single episode of harmful use of opioids (6C43.0)

Opioid dependence (6C43.2)

6C43.11 Harmful pattern of use of opioids, continuous

A pattern of continuous (daily or almost daily) use of opioids that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous opioid use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to opioid intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of opioids applies.

Exclusions: Single episode of harmful use of opioids (6C43.0)

Opioid dependence (6C43.2)

6C43.1Z Harmful pattern of use of opioids, unspecified

6C43.2 Opioid dependence

Opioid dependence is a disorder of regulation of opioid use arising from repeated or continuous use of opioids. The characteristic feature is a strong internal drive to use opioids, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use opioids. Physiological features of dependence may also be present, including tolerance to the effects of opioids, withdrawal symptoms following cessation or reduction in use of opioids, or repeated use of opioids or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if opioid use is continuous (daily or almost daily) for at least 1 month.

Exclusions: Single episode of harmful use of opioids (6C43.0)

Harmful pattern of use of opioids (6C43.1)

6C43.20 Opioid dependence, current use

Opioid dependence, with use of an opioid within the past month.

Exclusions: Single episode of harmful use of opioids (6C43.0)

Harmful pattern of use of opioids (6C43.1)

6C43.21 Opioid dependence, early full remission

After a diagnosis of opioid dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from opioid use during a period lasting from between 1 and 12 months.

Exclusions: Single episode of harmful use of opioids (6C43.0)

Harmful pattern of use of opioids (6C43.1)

6C43.22 Opioid dependence, sustained partial remission

After a diagnosis of Opioid dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in opioid consumption for more than 12 months, such that even though opioid use has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Single episode of harmful use of opioids (6C43.0)

Harmful pattern of use of opioids (6C43.1)

6C43.23 Opioid dependence, sustained full remission

After a diagnosis of Opioid dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from opioids for 12 months or longer.

Exclusions: Single episode of harmful use of opioids (6C43.0)

Harmful pattern of use of opioids (6C43.1)

6C43.2Z Opioid dependence, unspecified

6C43.3 Opioid intoxication

Opioid intoxication is a clinically significant transient condition that develops during or shortly after the consumption of opioids that is characterized by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of opioids and their intensity is closely related to the amount of opioids consumed. They are time-limited and abate as opioids are cleared from the body. Presenting features may include somnolence, mood changes (e.g., inappropriate euphoria followed by apathy and dysphoria), reduced movement, impaired judgment, respiratory depression, slurred speech, and impairment of memory and attention. In severe intoxication coma may ensue. A characteristic physical sign is pupillary constriction but this sign may be absent when intoxication is due to synthetic opioids. Severe opioid intoxication can lead to death due to excessive respiratory depression.

Note: Code also the underlying condition

Exclusions: opioid poisoning (NE60)

Possession trance disorder (6B63)

6C43.4 Opioid withdrawal

Opioid withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of opioids in individuals who have developed Opioid dependence or have used opioids for a prolonged period or in large amounts. Opioid withdrawal can also occur when prescribed opioids have been used in standard therapeutic doses. Presenting features of Opioid withdrawal may include dysphoric mood, craving for an opioid, anxiety, nausea or vomiting, abdominal cramps, muscle aches, yawning, perspiration, hot and cold flushes, lacrimation, rhinorrhea, hypersomnia (typically in the initial phase) or insomnia, diarrhoea and piloerection.

Note: Code also the underlying condition

6C43.5 Opioid-induced delirium

Opioid-induced delirium is characterized by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of opioids. The amount and duration of opioid use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, Behavioural, and Neurodevelopmental Disorders.

Note: Code also the underlying condition

Inclusions: Delirium induced by opioid withdrawal

6C43.6 **Opioid-induced psychotic disorder**

Opioid-induced psychotic disorder is characterized by psychotic symptoms (e.g., delusions, hallucinations, disorganized thinking, grossly disorganized behaviour) that develop during or soon after intoxication with or withdrawal from opioids. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of Opioid intoxication or Opioid withdrawal. The amount and duration of opioid use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the opioid use, if the symptoms persist for a substantial period of time after cessation of the opioid use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with opioid use).

Note: Code also the underlying condition

6C43.7 **Other opioid-induced disorders**

Note: Code also the underlying condition

6C43.70 Opioid-induced mood disorder

Opioid-induced mood disorder is characterized by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from opioids. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of Opioid intoxication or Opioid withdrawal. The amount and duration of opioid use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the opioid use, if the symptoms persist for a substantial period of time after cessation of the opioid use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with opioid use).

6C43.71 Opioid-induced anxiety disorder

Opioid-induced anxiety disorder is characterized by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from opioids. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of Opioid intoxication or Opioid withdrawal. The amount and duration of opioid use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and Fear-Related Disorder, a Depressive Disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the opioid use, if the symptoms persist for a substantial period of time after cessation of the opioid use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with opioid use).

Note: Code also the underlying condition

6C43.Y **Other specified disorders due to use of opioids**

Note: Code also the underlying condition

6C43.Z **Disorders due to use of opioids, unspecified**

Note: Code also the underlying condition

6C44 Disorders due to use of sedatives, hypnotics or anxiolytics

Disorders due to use of sedatives, hypnotics or anxiolytics are characterized by the pattern and consequences of sedative use. In addition to Sedative, hypnotic or anxiolytic intoxication, sedatives have dependence-inducing properties, resulting in Sedative, hypnotic or anxiolytic dependence in some people and Sedative, hypnotic or anxiolytic withdrawal when use is reduced or discontinued. Sedatives are implicated in a wide range of harms affecting most organs and systems of the body, which may be classified as Single episode of harmful use of sedatives, hypnotics or anxiolytics and Harmful pattern of use of sedatives, hypnotics or anxiolytics. Harm to others resulting from behaviour during Sedative, hypnotic or anxiolytic intoxication is included in the definitions of Harmful use of sedatives, hypnotics or anxiolytics. Several sedative-induced mental disorders and sedative-related forms of neurocognitive impairment are recognised.

Note: Code also the underlying condition

Exclusions: Hazardous use of sedatives, hypnotics or anxiolytics (QE11.2)

6C44.0 **Single episode of harmful use of sedatives, hypnotics or anxiolytics**

A single episode of use of a sedative, hypnotic or anxiolytic that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behavior due to sedative, hypnotic or anxiolytic intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of sedative, hypnotic or anxiolytic use.

Exclusions: Sedative, hypnotic or anxiolytic dependence (6C44.2)

Harmful pattern of use of sedatives, hypnotics or anxiolytics (6C44.1)

6C44.1 **Harmful pattern of use of sedatives, hypnotics or anxiolytics**

A pattern of sedative, hypnotic, or anxiolytic use that has caused clinically significant harm to a person's physical or mental health or in which behaviour induced by sedatives, hypnotics or anxiolytics has caused clinically significant harm to the health of other people. The pattern of sedative, hypnotic, or anxiolytic use is evident over a period of at least 12 months if use is episodic and at least one month if use is continuous (i.e., daily or almost daily). Harm may be caused by the intoxicating effects of sedatives, hypnotics or anxiolytics, the direct or secondary toxic effects on body organs and systems, or a harmful route of administration.

Exclusions: Sedative, hypnotic or anxiolytic dependence (6C44.2)

Single episode of harmful use of sedatives, hypnotics or anxiolytics (6C44.0)

6C44.10 Harmful pattern of use of sedatives, hypnotics or anxiolytics, episodic

A pattern of episodic or intermittent use of sedatives, hypnotics or anxiolytics that has caused clinically significant harm to a person's physical or mental health or in which behaviour induced by sedatives, hypnotics or anxiolytics has caused clinically significant harm to the health of other people. The pattern of episodic or intermittent use of sedatives, hypnotics or anxiolytics is evident over a period of at least 12 months. Harm may be caused by the intoxicating effects of sedatives, hypnotics or anxiolytics, the direct or secondary toxic effects on body organs and systems, or a harmful route of administration.

Exclusions: Single episode of harmful use of sedatives, hypnotics or anxiolytics (6C44.0)

Sedative, hypnotic or anxiolytic dependence (6C44.2)

6C44.11 Harmful pattern of use of sedatives, hypnotics or anxiolytics, continuous

A pattern of continuous use of sedatives, hypnotics or anxiolytics (daily or almost daily) that has caused clinically significant harm to a person's physical or mental health or in which behaviour induced by sedatives, hypnotics or anxiolytics has caused clinically significant harm to the health of other people. The pattern of continuous use of sedatives, hypnotics or anxiolytics is evident over a period of at least one month. Harm may be caused by the intoxicating effects of sedatives, hypnotics or anxiolytics, the direct or secondary toxic effects on body organs and systems, or a harmful route of administration.

Exclusions: Single episode of harmful use of sedatives, hypnotics or anxiolytics (6C44.0)

Sedative, hypnotic or anxiolytic dependence (6C44.2)

6C44.1Z Harmful pattern of use of sedatives, hypnotics or anxiolytics, unspecified

6C44.2 Sedative, hypnotic or anxiolytic dependence

Sedative, hypnotic or anxiolytic dependence is a disorder of regulation of sedative use arising from repeated or continuous use of these substances. The characteristic feature is a strong internal drive to use sedatives, hypnotics, or anxiolytics, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use these substances. Physiological features of dependence may also be present, including tolerance to the effects of sedatives, hypnotics or anxiolytics, withdrawal symptoms following cessation or reduction in use, or repeated use of sedatives or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if sedative use is continuous (daily or almost daily) for at least 1 month.

Exclusions: Single episode of harmful use of sedatives, hypnotics or anxiolytics (6C44.0)

Harmful pattern of use of sedatives, hypnotics or anxiolytics (6C44.1)

6C44.20 Sedative, hypnotic or anxiolytic dependence, current use

Current Sedative, hypnotic or anxiolytic dependence with use of a sedative, hypnotic or anxiolytic drug within the past month.

Exclusions: Single episode of harmful use of sedatives, hypnotics or anxiolytics (6C44.0)

Harmful pattern of use of sedatives, hypnotics or anxiolytics (6C44.1)

6C44.21 Sedative, hypnotic or anxiolytic dependence, early full remission

After a diagnosis of Sedative, hypnotic or anxiolytic dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from sedatives, hypnotics or anxiolytics during a period lasting from between 1 and 12 months.

Exclusions: Single episode of harmful use of sedatives, hypnotics or anxiolytics (6C44.0)

Harmful pattern of use of sedatives, hypnotics or anxiolytics (6C44.1)

6C44.22 Sedative, hypnotic or anxiolytic dependence, sustained partial remission

After a diagnosis of Sedative, hypnotic or anxiolytic dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in sedative, hypnotic or anxiolytic consumption for more than 12 months, such that even though sedative, hypnotic or anxiolytic use has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Single episode of harmful use of sedatives, hypnotics or anxiolytics (6C44.0)

Harmful pattern of use of sedatives, hypnotics or anxiolytics (6C44.1)

6C44.23 Sedative, hypnotic or anxiolytic dependence, sustained full remission

After a diagnosis of Sedative, hypnotic or anxiolytic dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from alcohol for 12 months or longer.

Exclusions: Single episode of harmful use of sedatives, hypnotics or anxiolytics (6C44.0)

Harmful pattern of use of sedatives, hypnotics or anxiolytics (6C44.1)

6C44.2Z Sedative, hypnotic or anxiolytic dependence, unspecified

6C44.3 **Sedative, hypnotic or anxiolytic intoxication**

Sedative, hypnotic or anxiolytic intoxication is a clinically significant transient condition that develops during or shortly after the consumption of sedatives, hypnotics or anxiolytics that is characterized by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of sedatives, hypnotics or anxiolytics and their intensity is closely related to the amount of sedatives, hypnotics or anxiolytics consumed. They are time-limited and abate as sedatives, hypnotics or anxiolytics are cleared from the body. Presenting features may include somnolence, impaired judgment, slurred speech, impaired motor coordination, unsteady gait, mood changes, as well as impaired memory, attention and concentration. Nystagmus (repetitive, uncontrolled eye movements) is a common physical sign.

Note: Code also the underlying condition

Inclusions: "Bad trips" (Sedatives, hypnotics or anxiolytics)

Exclusions: sedative, hypnotic drugs and other CNS depressants poisoning (NE60)

Possession trance disorder (6B63)

6C44.4 **Sedative, hypnotic or anxiolytic withdrawal**

Sedative, hypnotic or anxiolytic withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of sedatives, hypnotics or anxiolytics in individuals who have developed dependence or have used sedatives, hypnotics or anxiolytics for a prolonged period or in large amounts. Sedative, hypnotic or anxiolytic withdrawal can also occur when prescribed sedatives, hypnotics or anxiolytics have been used in standard therapeutic doses. Presenting features of Sedative, hypnotic or anxiolytic withdrawal may include anxiety, psychomotor agitation, insomnia, increased hand tremor, nausea or vomiting, and transient visual, tactile or auditory illusions or hallucinations. There may be signs of autonomic hyperactivity, or postural hypotension. The withdrawal state may be complicated by seizures. Less commonly there may be progression to a more severe form of delirium characterized by confusion and disorientation, delusions, and more prolonged visual, tactile or auditory hallucinations. In such cases, a separate diagnosis of Sedative, hypnotic, or anxiolytic-induced delirium should be assigned.

Note: Code also the underlying condition

6C44.40 Sedative, hypnotic or anxiolytic withdrawal, uncomplicated

All diagnostic requirements for Sedative, hypnotic or anxiolytic Withdrawal are met and the withdrawal state is not accompanied by perceptual disturbances or seizures.

Note: Code also the underlying condition

6C44.41 Sedative, hypnotic or anxiolytic withdrawal, with perceptual disturbances

All diagnostic requirements for Sedative, hypnotic or anxiolytic withdrawal are met and the withdrawal state is accompanied by perceptual disturbances (e.g., visual or tactile hallucinations or illusions) with intact reality testing. There is no evidence of confusion and other diagnostic requirements for Delirium are not met. The withdrawal state is not accompanied by seizures.

Note: Code also the underlying condition

6C44.42 Sedative, hypnotic or anxiolytic withdrawal, with seizures

All diagnostic requirements for Sedative, hypnotic or anxiolytic withdrawal are met and the withdrawal state is accompanied by seizures (i.e., generalized tonic-clonic seizures) but not by perceptual disturbances.

Note: Code also the underlying condition

6C44.43 Sedative, hypnotic or anxiolytic withdrawal, with perceptual disturbances and seizures

All diagnostic requirements for Sedative, hypnotic or anxiolytic withdrawal are met and the withdrawal state is accompanied by both seizures (i.e., generalized tonic-clonic seizures) and perceptual disturbances (e.g., visual or tactile hallucinations or illusions) with intact reality testing. Diagnostic requirements for Delirium are not met.

Note: Code also the underlying condition

6C44.4Z Sedative, hypnotic or anxiolytic withdrawal, unspecified

Note: Code also the underlying condition

6C44.5 Sedative, hypnotic or anxiolytic-induced delirium

Sedative, hypnotic or anxiolytic-induced delirium is characterized by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of sedatives, hypnotics, or anxiolytics. Specific features of Sedative, hypnotic or anxiolytic-induced delirium may include confusion and disorientation, paranoid delusions, and recurrent visual, tactile or auditory hallucinations. The amount and duration of sedative, hypnotic, or anxiolytic use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Note: Code also the underlying condition

Inclusions: Delirium induced by sedative, hypnotic or anxiolytic withdrawal

6C44.6 **Sedative, hypnotic or anxiolytic-induced psychotic disorder**

Sedative, hypnotic or anxiolytic-induced psychotic disorder is characterized by psychotic symptoms (e.g., delusions, hallucinations, disorganized thinking, grossly disorganized behaviour) that develop during or soon after intoxication with or withdrawal from sedatives, hypnotics or anxiolytics. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of intoxication or withdrawal due to sedatives, hypnotics or anxiolytics. The amount and duration of sedative, hypnotic or anxiolytic use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the sedative, hypnotic or anxiolytic use, if the symptoms persist for a substantial period of time after cessation of the sedative, hypnotic or anxiolytic use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with sedative, hypnotic or anxiolytic use).

Note: Code also the underlying condition

6C44.7 **Other sedatives, hypnotics or anxiolytic-induced disorders**

Note: Code also the underlying condition

Coded Elsewhere: Amnestic disorder due to use of sedatives, hypnotics or anxiolytics (6D72.11)

Dementia due to use of sedatives, hypnotics or anxiolytics (6D84.1)

6C44.70 Sedative, hypnotic or anxiolytic-induced mood disorder

Sedative, hypnotic or anxiolytic-induced mood disorder is characterized by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from sedatives, hypnotics or anxiolytics. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of intoxication or withdrawal due to sedatives, hypnotics or anxiolytics. The amount and duration of sedative, hypnotic or anxiolytic use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the sedative, hypnotic or anxiolytic use, if the symptoms persist for a substantial period of time after cessation of the sedative, hypnotic or anxiolytic use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with sedative, hypnotic or anxiolytic use).

Note: Code also the underlying condition

6C44.71 Sedative, hypnotic or anxiolytic-induced anxiety disorder

Sedative, hypnotic or anxiolytic-induced anxiety disorder is characterized by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from sedatives, hypnotics or anxiolytics. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of intoxication or withdrawal due to sedatives, hypnotics or anxiolytics. The amount and duration of sedative, hypnotic or anxiolytic use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and Fear-Related Disorder, a Depressive Disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the sedative, hypnotic or anxiolytic use, if the symptoms persist for a substantial period of time after cessation of the sedative, hypnotic or anxiolytic use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with sedative, hypnotic or anxiolytic use).

Note: Code also the underlying condition

6C44.Y **Other specified disorders due to use of sedatives, hypnotics or anxiolytics**

Note: Code also the underlying condition

6C44.Z **Disorders due to use of sedatives, hypnotics or anxiolytics, unspecified**

Note: Code also the underlying condition

6C45 Disorders due to use of cocaine

Disorders due to use of cocaine are characterized by the pattern and consequences of cocaine use. In addition to Cocaine intoxication, cocaine has dependence-inducing properties, resulting in Cocaine dependence in some people and Cocaine withdrawal when use is reduced or discontinued. Cocaine is implicated in a wide range of harms affecting most organs and systems of the body, which may be classified as Single episode of harmful use of cocaine and Harmful pattern of use of cocaine. Harm to others resulting from behaviour during Cocaine intoxication is included in the definitions of Harmful use of cocaine. Several cocaine-induced mental disorders are recognised.

Note: Code also the underlying condition

Exclusions: Disorders due to use of stimulants including amphetamines, methamphetamine or methcathinone (6C46)

Hazardous use of cocaine (QE11.3)

6C45.0 **Single episode of harmful use of cocaine**

A single episode of use of cocaine that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behavior due to cocaine intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of cocaine use.

Exclusions: Cocaine dependence (6C45.2)

Harmful pattern of use of cocaine (6C45.1)

6C45.1 **Harmful pattern of use of cocaine**

A pattern of use of cocaine that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of cocaine use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to cocaine intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of cocaine applies.

Exclusions: Cocaine dependence (6C45.2)

Single episode of harmful use of cocaine (6C45.0)

6C45.10 Harmful pattern of use of cocaine, episodic

A pattern of episodic or intermittent cocaine use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic cocaine use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to cocaine intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of cocaine applies.

Exclusions: Single episode of harmful use of cocaine (6C45.0)

Cocaine dependence (6C45.2)

6C45.11 Harmful pattern of use of cocaine, continuous

A pattern of continuous (daily or almost daily) cocaine use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous cocaine use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to cocaine intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of cocaine applies.

Exclusions: Single episode of harmful use of cocaine (6C45.0)

Cocaine dependence (6C45.2)

6C45.1Z Harmful pattern of use of cocaine, unspecified

6C45.2 Cocaine dependence

Cocaine dependence is a disorder of regulation of cocaine use arising from repeated or continuous use of cocaine. The characteristic feature is a strong internal drive to use cocaine, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use cocaine. Physiological features of dependence may also be present, including tolerance to the effects of cocaine, withdrawal symptoms following cessation or reduction in use of cocaine, or repeated use of cocaine or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if cocaine use is continuous (daily or almost daily) for at least 1 month.

Exclusions: Single episode of harmful use of cocaine (6C45.0)

Harmful pattern of use of cocaine (6C45.1)

6C45.20 Cocaine dependence, current use

Current cocaine dependence with cocaine use within the past month.

Exclusions: Single episode of harmful use of cocaine (6C45.0)

Harmful pattern of use of cocaine (6C45.1)

6C45.21 Cocaine dependence, early full remission

After a diagnosis of Cocaine dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from cocaine during a period lasting from between 1 and 12 months.

Exclusions: Single episode of harmful use of cocaine (6C45.0)

Harmful pattern of use of cocaine (6C45.1)

6C45.22 Cocaine dependence, sustained partial remission

After a diagnosis of Cocaine dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in cocaine consumption for more than 12 months, such that even though cocaine use has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Single episode of harmful use of cocaine (6C45.0)

Harmful pattern of use of cocaine (6C45.1)

6C45.23 Cocaine dependence, sustained full remission

After a diagnosis of cocaine dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from cocaine for 12 months or longer.

Exclusions: Single episode of harmful use of cocaine (6C45.0)

Harmful pattern of use of cocaine (6C45.1)

6C45.2Z Cocaine dependence, unspecified

6C45.3 Cocaine intoxication

Cocaine intoxication is a clinically significant transient condition that develops during or shortly after the consumption of cocaine that is characterized by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of cocaine and their intensity is closely related to the amount of cocaine consumed. They are time-limited and abate as cocaine is cleared from the body. Presenting features may include inappropriate euphoria, anxiety, anger, impaired attention, hypervigilance, psychomotor agitation, paranoid ideation (sometimes of delusional intensity), auditory hallucinations, confusion, and changes in sociability. Perspiration or chills, nausea or vomiting, and palpitations and chest pain may be experienced. Physical signs may include tachycardia, elevated blood pressure, and pupillary dilatation. In rare instances, usually in severe intoxication, cocaine use can result in seizures, muscle weakness, dyskinesia, or dystonia.

Note: Code also the underlying condition

Exclusions: cocaine poisoning (NE60)

Possession trance disorder (6B63)

6C45.4 Cocaine withdrawal

Cocaine withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of cocaine in individuals who have developed Cocaine dependence or have used cocaine for a prolonged period or in large amounts. Presenting features of Cocaine withdrawal may include dysphoric mood, irritability, fatigue, inertia, vivid unpleasant dreams, insomnia or hypersomnia, increased appetite, anxiety, psychomotor agitation or retardation, and craving for cocaine.

Note: Code also the underlying condition

6C45.5 **Cocaine-induced delirium**

Cocaine-induced delirium is characterized by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of cocaine. The amount and duration of cocaine use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural, and neurodevelopmental disorders.

Note: Code also the underlying condition

6C45.6 **Cocaine-induced psychotic disorder**

Cocaine-induced psychotic disorder is characterized by psychotic symptoms (e.g., delusions, hallucinations, disorganized thinking, grossly disorganized behaviour) that develop during or soon after intoxication with or withdrawal from cocaine. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of Cocaine intoxication or Cocaine withdrawal. The amount and duration of cocaine use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the cocaine use, if the symptoms persist for a substantial period of time after cessation of the cocaine use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with cocaine use).

Note: Code also the underlying condition

6C45.60 Cocaine-induced psychotic disorder with hallucinations

Cocaine-induced psychotic disorder with hallucinations is characterized by the by the presence of hallucinations that are judged to be the direct consequence of cocaine use. Neither delusions nor other psychotic symptoms are present. The symptoms do not occur exclusively during hypnogogic or hypnopompic states, are not better accounted for by another mental and behavioural disorder (e.g., schizophrenia), and are not due to another disorder or disease classified elsewhere (e.g., epilepsies with visual symptoms).

Note: Code also the underlying condition

6C45.61 Cocaine-induced psychotic disorder with delusions

Cocaine-induced psychotic disorder with delusions is characterized by the by the presence of delusions that are judged to be the direct consequence of cocaine use. Neither hallucinations nor other psychotic symptoms are present. The symptoms do not occur exclusively during hypnogogic or hypnopompic states, are not better accounted for by another mental and behavioural disorder (e.g., schizophrenia), and are not due to another disorder or disease classified elsewhere (e.g., epilepsies with visual symptoms).

Note: Code also the underlying condition

6C45.62 Cocaine-induced psychotic disorder with mixed psychotic symptoms

Cocaine-induced psychotic disorder with mixed psychotic symptoms is characterized by the presence of multiple psychotic symptoms, primarily hallucinations and delusions, when these are judged to be the direct consequence of cocaine use. The symptoms do not occur exclusively during hypnogogic or hypnopompic states, are not better accounted for by another mental and behavioural disorder (e.g., Schizophrenia), and are not due to another disorder or disease classified elsewhere (e.g., epilepsies with visual symptoms).

Note: Code also the underlying condition

6C45.6Z Cocaine-induced psychotic disorder, unspecified

Note: Code also the underlying condition

6C45.7 Other cocaine-induced disorders

Note: Code also the underlying condition

6C45.70 Cocaine-induced mood disorder

Cocaine-induced mood disorder is characterized by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from cocaine. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of Cocaine intoxication or Cocaine withdrawal. The amount and duration of cocaine use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the cocaine use, if the symptoms persist for a substantial period of time after cessation of the cocaine use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with cocaine use).

Note: Code also the underlying condition

6C45.71 Cocaine-induced anxiety disorder

Cocaine-induced anxiety disorder is characterized by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from cocaine. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of Cocaine intoxication or Cocaine withdrawal. The amount and duration of cocaine use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and fear-related disorder, a Depressive disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the cocaine use, if the symptoms persist for a substantial period of time after cessation of the cocaine use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with cocaine use).

Note: Code also the underlying condition

6C45.72 Cocaine-induced obsessive-compulsive or related disorder

Cocaine-induced obsessive-compulsive or related disorder is characterized by either repetitive intrusive thoughts or preoccupations, normally associated with anxiety and typically accompanied by repetitive behaviours performed in response, or by recurrent and habitual actions directed at the integument (e.g., hair pulling, skin picking) that develop during or soon after intoxication with or withdrawal from cocaine. The intensity or duration of the symptoms is substantially in excess of analogous disturbances that are characteristic of Cocaine intoxication or Cocaine withdrawal. The amount and duration of cocaine use must be capable of producing obsessive-compulsive or related symptoms. The symptoms are not better explained by a primary mental disorder (in particular an Obsessive-compulsive or related disorder), as might be the case if the symptoms preceded the onset of the cocaine use, if the symptoms persist for a substantial period of time after cessation of the cocaine use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with obsessive-compulsive or related symptoms (e.g., a history of prior episodes not associated with cocaine use).

Note: Code also the underlying condition

6C45.73 Cocaine-induced impulse control disorder

Cocaine-induced impulse control disorder is characterized by persistently repeated behaviours in which there is recurrent failure to resist an impulse, drive, or urge to perform an act that is rewarding to the person, at least in the short-term, despite longer-term harm either to the individual or to others (e.g., fire setting or stealing without apparent motive, repetitive sexual behaviour, aggressive outbursts) that develop during or soon after intoxication with or withdrawal from cocaine. The intensity or duration of the symptoms is substantially in excess of disturbances of impulse control that are characteristic of Cocaine intoxication or Cocaine withdrawal. The amount and duration of cocaine use must be capable of producing disturbances of impulse control. The symptoms are not better explained by a primary mental disorder (e.g., an Impulse control disorder, a Disorder due to addictive behaviours), as might be the case if the impulse control disturbances preceded the onset of the cocaine use, if the symptoms persist for a substantial period of time after cessation of the cocaine use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with impulse control symptoms (e.g., a history of prior episodes not associated with cocaine use).

Note: Code also the underlying condition

6C45.Y Other specified disorders due to use of cocaine

Note: Code also the underlying condition

6C45.Z Disorders due to use of cocaine, unspecified

Note: Code also the underlying condition

6C46 Disorders due to use of stimulants including amphetamines, methamphetamine or methcathinone

Disorders due to use of stimulants including amphetamines, methamphetamine or methcathinone are characterized by the pattern and consequences of stimulant use. In addition to Stimulant intoxication including amphetamines, methamphetamine or methcathinone, stimulants have dependence-inducing properties, resulting in Stimulant dependence including amphetamines, methamphetamine or methcathinone in some people and Stimulant withdrawal including amphetamines, methamphetamine or methcathinone when use is reduced or discontinued. Stimulants are implicated in a wide range of harms affecting most organs and systems of the body, which may be classified as Single episode of harmful use of stimulants including amphetamines, methamphetamine or methcathinone and Harmful pattern of use of stimulants including amphetamines, methamphetamine or methcathinone. Harm to others resulting from behaviour during Stimulant intoxication including amphetamines, methamphetamine or methcathinone is included in the definitions of Harmful use of stimulants including amphetamines, methamphetamine or methcathinone. Several stimulant-induced mental disorders are recognised.

Exclusions: Disorders due to use of synthetic cathinones (6C47)

Disorders due to use of caffeine (6C48)

Disorders due to use of cocaine (6C45)

Hazardous use of stimulants including amphetamines or methamphetamine (QE11.4)

6C46.0 Single episode of harmful use of stimulants including amphetamines, methamphetamine or methcathinone

A single episode of use of a stimulant including amphetamines, methamphetamine and methcathinone that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behavior due to stimulant intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of stimulant including amphetamines, methamphetamine and methcathinone use.

Exclusions: Harmful pattern of use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.1)

Stimulant dependence including amphetamines, methamphetamine or methcathinone (6C46.2)

6C46.1 **Harmful pattern of use of stimulants including amphetamines, methamphetamine or methcathinone**

A pattern of use of stimulants including amphetamines, methamphetamine and methcathinone but excluding caffeine, cocaine and synthetic cathinones that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of stimulant use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to stimulant intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of stimulants including amphetamines, methamphetamine and methcathinone applies.

Exclusions: Harmful pattern of use of caffeine (6C48.1)

Harmful pattern of use of cocaine (6C45.1)

Harmful pattern of use of synthetic cathinones (6C47.1)

Single episode of harmful use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.0)

Stimulant dependence including amphetamines, methamphetamine or methcathinone (6C46.2)

6C46.10 Harmful pattern of use of stimulants including amphetamines, methamphetamine or methcathinone, episodic

A pattern of episodic or intermittent use of stimulants including amphetamines, methamphetamine and methcathinone but excluding caffeine, cocaine and synthetic cathinones that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic stimulant use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to stimulant intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of stimulants including amphetamines, methamphetamine and methcathinone applies.

Exclusions: Single episode of harmful use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.0)

Stimulant dependence including amphetamines, methamphetamine or methcathinone (6C46.2)

6C46.11 Harmful pattern of use of stimulants including amphetamines, methamphetamine or methcathinone, continuous

A pattern of use of stimulants including amphetamines, methamphetamine and methcathinone but excluding caffeine, cocaine and synthetic cathinones that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of stimulant use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to stimulant intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of stimulants including amphetamines, methamphetamine and methcathinone applies.

Exclusions: Single episode of harmful use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.0)

Stimulant dependence including amphetamines, methamphetamine or methcathinone (6C46.2)

6C46.1Z Harmful pattern of use of stimulants including amphetamines, methamphetamine and methcathinone, unspecified

6C46.2 Stimulant dependence including amphetamines, methamphetamine or methcathinone

Stimulant dependence including amphetamines, methamphetamine or methcathinone is a disorder of regulation of stimulant use arising from repeated or continuous use of stimulants. The characteristic feature is a strong internal drive to use stimulants, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use stimulants. Physiological features of dependence may also be present, including tolerance to the effects of stimulants, withdrawal symptoms following cessation or reduction in use of stimulants, or repeated use of stimulants or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if stimulant use is continuous (daily or almost daily) for at least 1 month.

Exclusions: Cocaine dependence (6C45.2)

Synthetic cathinone dependence (6C47.2)

Single episode of harmful use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.0)

Harmful pattern of use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.1)

6C46.20 Stimulant dependence including amphetamines, methamphetamine or methcathinone, current use

Stimulant dependence including amphetamines, methamphetamine and methcathinone but excluding caffeine, cocaine and synthetic cathinones refers to amphetamine or other stimulant use within the past month.

Exclusions: Harmful pattern of use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.1)

Single episode of harmful use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.0)

6C46.21 Stimulant dependence including amphetamines, methamphetamine or methcathinone, early full remission

After a diagnosis of Stimulant dependence including amphetamines, methamphetamine and methcathinone but excluding caffeine, cocaine and synthetic cathinones, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from stimulants during a period lasting from between 1 and 12 months.

Exclusions: Single episode of harmful use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.0)

Harmful pattern of use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.1)

6C46.22 Stimulant dependence including amphetamines, methamphetamine or methcathinone, sustained partial remission

After a diagnosis of Stimulant dependence including amphetamines, methamphetamine and methcathinone but excluding caffeine, cocaine and synthetic cathinones, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in amphetamine or other stimulant consumption for more than 12 months, such that even though amphetamine or other stimulant use has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Single episode of harmful use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.0)

Harmful pattern of use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.1)

6C46.23 Stimulant dependence including amphetamines, methamphetamine or methcathinone, sustained full remission

After a diagnosis of Stimulant dependence including amphetamines, methamphetamine and methcathinone but excluding caffeine, cocaine and synthetic cathinones, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from amphetamine or other stimulants for 12 months or longer.

Exclusions: Single episode of harmful use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.0)

Harmful pattern of use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.1)

6C46.2Z Stimulant dependence including amphetamines, methamphetamine or methcathinone, unspecified

6C46.3 **Stimulant intoxication including amphetamines, methamphetamine or methcathinone**

Stimulant intoxication including amphetamines, methamphetamine and methcathinone but excluding caffeine, cocaine and synthetic cathinones is a clinically significant transient condition that develops during or shortly after the consumption of amphetamine or other stimulants that is characterized by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of amphetamine or other stimulants and their intensity is closely related to the amount of amphetamine or other stimulant consumed. They are time-limited and abate as amphetamine or another stimulant is cleared from the body. Presenting features may include anxiety, anger, impaired attention, hypervigilance, psychomotor agitation, paranoid ideation (often of delusional intensity), auditory hallucinations, confusion, and changes in sociability. Perspiration or chills, nausea or vomiting, and palpitations may be experienced. Physical signs may include tachycardia, elevated blood pressure, pupillary dilatation, dyskinesias and dystonias, and skin sores may be evident. In rare instances, usually in severe intoxication, use of stimulants including amphetamines, methamphetamine and methcathinone can result in seizures.

Note: Code also the underlying condition

Inclusions: "Bad trips" (Stimulants including amphetamines but excluding caffeine and cocaine)

Trance and possession disorders in stimulant intoxication including amphetamines but excluding caffeine and cocaine intoxication

Exclusions: amphetamine poisoning (NE60)

Caffeine intoxication (6C48.2)

Cocaine intoxication (6C45.3)

Synthetic cathinone intoxication (6C47.3)

Possession trance disorder (6B63)

6C46.4 Stimulant withdrawal including amphetamines, methamphetamine or methcathinone

Stimulant withdrawal including amphetamines, methamphetamine and methcathinone is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of stimulants in individuals who have developed Stimulant dependence or have used stimulants for a prolonged period or in large amounts. Stimulant withdrawal can also occur when prescribed stimulants have been used in standard therapeutic doses. Presenting features of stimulant withdrawal may include dysphoric mood, irritability, fatigue, insomnia or (more commonly) hypersomnia, increased appetite, psychomotor agitation or retardation, and craving for amphetamine and related stimulants.

Note: Code also the underlying condition

Exclusions: Cocaine withdrawal (6C45.4)

Caffeine withdrawal (6C48.3)

Synthetic cathinone withdrawal (6C47.4)

6C46.5 Stimulant-induced delirium including amphetamines, methamphetamine or methcathinone

Stimulant-induced delirium including amphetamines, methamphetamine and methcathinone is characterized by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of stimulants. The amount and duration of stimulants use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Note: Code also the underlying condition

Exclusions: Cocaine-induced delirium (6C45.5)

Synthetic cathinone-induced delirium (6C47.5)

Disorders due to use of caffeine (6C48)

6C46.6 **Stimulant-induced psychotic disorder including amphetamines, methamphetamine or methcathinone**

Stimulant-induced psychotic disorder including amphetamines, methamphetamine and methcathinone is characterized by psychotic symptoms (e.g., delusions, hallucinations, disorganized thinking, grossly disorganized behaviour) that develop during or soon after intoxication or withdrawal due to stimulants. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of Stimulant intoxication or Stimulant withdrawal. The amount and duration of stimulant use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the stimulant use, if the symptoms persist for a substantial period of time after cessation of the stimulant use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with use of stimulants).

Note: Code also the underlying condition

Exclusions: Cocaine-induced psychotic disorder (6C45.6)

Synthetic cathinone-induced psychotic disorder (6C47.6)

Disorders due to use of caffeine (6C48)

6C46.60 Stimulant-induced psychotic disorder including amphetamines, methamphetamine or methcathinone with hallucinations

Stimulant-induced psychotic disorder with hallucinations is characterized by the presence of hallucinations that are judged to be the direct consequence of stimulant use. Neither delusions nor other psychotic symptoms are present. The symptoms do not occur exclusively during hypnogogic or hypnopompic states, are not better accounted for by another mental and behavioural disorder (e.g., schizophrenia), and are not due to another disorder or disease classified elsewhere (e.g., epilepsies with visual symptoms).

Note: Code also the underlying condition

Exclusions: Cocaine-induced psychotic disorder with hallucinations (6C45.60)

Disorders due to use of caffeine (6C48)

Synthetic cathinone-induced psychotic disorder with hallucinations (6C47.60)

6C46.61 Stimulant-induced psychotic disorder including amphetamines, methamphetamine or methcathinone with delusions

Stimulant-induced psychotic disorder including amphetamines, methamphetamine and methcathinone is characterized by psychotic symptoms (e.g., delusions, hallucinations, disorganized thinking, grossly disorganized behaviour) that develop during or soon after intoxication or withdrawal due to stimulants. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of Stimulant intoxication or Stimulant withdrawal. The amount and duration of stimulant use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the stimulant use, if the symptoms persist for a substantial period of time after cessation of the stimulant use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with use of stimulants).

Note: Code also the underlying condition

Exclusions: Disorders due to use of caffeine (6C48)

Cocaine-induced psychotic disorder with delusions (6C45.61)

Synthetic cathinone-induced psychotic disorder with delusions (6C47.61)

6C46.62 Stimulant-induced psychotic disorder including amphetamines but excluding caffeine or cocaine with mixed psychotic symptoms

Stimulant-induced psychotic disorder with mixed psychotic symptoms is characterized by the presence of multiple psychotic symptoms, primarily hallucinations and delusions, when these are judged to be the direct consequence of stimulant use. The symptoms do not occur exclusively during hypnogogic or hypnopompic states, are not better accounted for by another mental and behavioural disorder (e.g., Schizophrenia), and are not due to another disorder or disease classified elsewhere (e.g., epilepsies with visual symptoms).

Note: Code also the underlying condition

Exclusions: Disorders due to use of caffeine (6C48)

Cocaine-induced psychotic disorder with mixed psychotic symptoms (6C45.62)

Synthetic cathinone-induced psychotic disorder with mixed psychotic symptoms (6C47.62)

6C46.6Z Stimulant-induced psychotic disorder including amphetamines, methamphetamine or methcathinone, unspecified

Note: Code also the underlying condition

6C46.7 Other stimulant-induced disorders including amphetamines, methamphetamine or methcathinone

Note: Code also the underlying condition

6C46.70 Stimulant-induced mood disorder including amphetamines, methamphetamine or methcathinone

Stimulant-induced mood disorder including amphetamines, methamphetamine and methcathinone is characterized by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication or withdrawal due to stimulants. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of Stimulant intoxication or Stimulant withdrawal. The amount and duration of stimulant use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the stimulant use, if the symptoms persist for a substantial period of time after cessation of the stimulant use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with use of stimulants).

Note: Code also the underlying condition

Exclusions: Synthetic cathinone-induced mood disorder (6C47.70)

Cocaine-induced mood disorder (6C45.70)

Disorders due to use of caffeine (6C48)

6C46.71 Stimulant-induced anxiety disorder including amphetamines, methamphetamine or methcathinone

Stimulant-induced anxiety disorder including amphetamines, methamphetamine and methcathinone is characterized by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication or withdrawal due to stimulants. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of Stimulant intoxication or Stimulant withdrawal. The amount and duration of stimulant use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and fear-related disorder, a Depressive disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the stimulant use, if the symptoms persist for a substantial period of time after cessation of the stimulant use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with use of stimulants).

Note: Code also the underlying condition

Exclusions: Cocaine-induced anxiety disorder (6C45.71)

Caffeine-induced anxiety disorder (6C48.40)

Synthetic cathinone-induced anxiety disorder (6C47.71)

6C46.72 Stimulant-induced obsessive-compulsive or related disorder including amphetamines, methamphetamine or methcathinone

Stimulant-induced obsessive-compulsive or related disorder including amphetamines, methamphetamine and methcathinone is characterized by either repetitive intrusive thoughts or preoccupations, normally associated with anxiety and typically accompanied by repetitive behaviours performed in response, or by recurrent and habitual actions directed at the integument (e.g., hair pulling, skin picking) that develop during or soon after intoxication with or withdrawal from stimulants. The intensity or duration of the symptoms is substantially in excess of analogous disturbances that are characteristic of Stimulant intoxication or Stimulant withdrawal. The amount and duration of stimulant use must be capable of producing obsessive-compulsive or related symptoms. The symptoms are not better explained by a primary mental disorder (in particular an Obsessive-compulsive or related disorder), as might be the case if the symptoms preceded the onset of the stimulant use, if the symptoms persist for a substantial period of time after cessation of the stimulant use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with obsessive-compulsive or related symptoms (e.g., a history of prior episodes not associated with stimulant use).

Note: Code also the underlying condition

Exclusions: Cocaine-induced obsessive-compulsive or related disorder (6C45.72)

Synthetic cathinone-induced obsessive-compulsive or related syndrome (6C47.72)

Disorders due to use of caffeine (6C48)

6C46.73 Stimulant-induced impulse control disorder including amphetamines, methamphetamine or methcathinone

Stimulant-induced impulse control disorder including amphetamines, methamphetamine and methcathinone is characterized by persistently repeated behaviours in which there is recurrent failure to resist an impulse, drive, or urge to perform an act that is rewarding to the person, at least in the short-term, despite longer-term harm either to the individual or to others (e.g., fire setting or stealing without apparent motive, repetitive sexual behaviour, aggressive outbursts) that develop during or soon after intoxication with or withdrawal from stimulants. The intensity or duration of the symptoms is substantially in excess of disturbances of impulse control that are characteristic of Stimulant intoxication or Stimulant withdrawal. The amount and duration of stimulant use must be capable of producing disturbances of impulse control. The symptoms are not better explained by a primary mental disorder (e.g., an Impulse control disorder, a Disorder due to addictive behaviours), as might be the case if the impulse control disturbances preceded the onset of the stimulant use, if the symptoms persist for a substantial period of time after cessation of the stimulant use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with impulse control symptoms (e.g., a history of prior episodes not associated with stimulant use).

Note: Code also the underlying condition

6C46.Y **Other specified disorders due to use of stimulants including amphetamines, methamphetamine or methcathinone**

6C46.Z **Disorders due to use of stimulants including amphetamines, methamphetamine or methcathinone, unspecified**

6C47 Disorders due to use of synthetic cathinones

Disorders due to use of synthetic cathinones are characterised by the pattern and consequences of synthetic cathinone use. In addition to Synthetic cathinone intoxication, synthetic cathinones have dependence-inducing properties, resulting in Synthetic cathinone dependence in some people and Synthetic cathinone withdrawal when use is reduced or discontinued. Synthetic cathinones are implicated in a wide range of harms affecting most organs and systems of the body, which may be classified as Single episode of harmful use of synthetic cathinones and Harmful pattern of use of synthetic cathinones. Harm to others resulting from behaviour during Synthetic cathinone intoxication is included in the definitions of Harmful use of synthetic cathinones. Several synthetic cathinone-induced mental disorders are recognised.

Note: Code also the underlying condition

6C47.0 Single episode of harmful use of synthetic cathinones

A single episode of synthetic cathinone use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behavior due to synthetic cathinone intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of synthetic cathinone use.

Exclusions: Harmful pattern of use of synthetic cathinones (6C47.1)

Synthetic cathinone dependence (6C47.2)

6C47.1 Harmful pattern of use of synthetic cathinones

A pattern of use of synthetic cathinones that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of synthetic cathinone use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to synthetic cathinone intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of synthetic cathinones applies.

Exclusions: Single episode of harmful use of synthetic cathinones (6C47.0)

Synthetic cathinone dependence (6C47.2)

6C47.10 Harmful pattern of use of synthetic cathinones, episodic

A pattern of episodic or intermittent use of synthetic cathinones that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic synthetic cathinone use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to synthetic cathinone intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of synthetic cathinones applies.

Exclusions: Single episode of harmful use of synthetic cathinones (6C47.0)

Synthetic cathinone dependence (6C47.2)

6C47.11 Harmful use of synthetic cathinones, continuous

A pattern of continuous (daily or almost daily) use of synthetic cathinones that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous synthetic cathinone use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to synthetic cathinone intoxication on the part of the person to whom the diagnosis of Harmful use of synthetic cathinones applies.

Exclusions: Single episode of harmful use of synthetic cathinones (6C47.0)

Synthetic cathinone dependence (6C47.2)

6C47.1Y Other specified harmful pattern of use of synthetic cathinones

6C47.1Z Harmful pattern of use of synthetic cathinones, unspecified

6C47.2 Synthetic cathinone dependence

Synthetic cathinone dependence is a disorder of regulation of synthetic cathinone use arising from repeated or continuous use of synthetic cathinones. The characteristic feature is a strong internal drive to use synthetic cathinones, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use synthetic cathinones. Physiological features of dependence may also be present, including tolerance to the effects of synthetic cathinones, withdrawal symptoms following cessation or reduction in use of synthetic cathinones, or repeated use of synthetic cathinones or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if synthetic cathinone use is continuous (daily or almost daily) for at least 1 month.

Exclusions: Harmful pattern of use of synthetic cathinones (6C47.1)

Single episode of harmful use of synthetic cathinones (6C47.0)

6C47.20 Synthetic cathinone dependence, current use

Current synthetic cathinone dependence with use of synthetic cathinones within the past month.

Exclusions: Single episode of harmful use of synthetic cathinones (6C47.0)

Harmful pattern of use of synthetic cathinones (6C47.1)

6C47.21 Synthetic cathinone dependence, early full remission

After a diagnosis of synthetic cathinone dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from synthetic cathinone use during a period lasting from between 1 and 12 months.

Exclusions: Single episode of harmful use of synthetic cathinones (6C47.0)

Harmful pattern of use of synthetic cathinones (6C47.1)

6C47.22 Synthetic cathinone dependence, sustained partial remission

After a diagnosis of synthetic cathinone dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in synthetic cathinone consumption for more than 12 months, such that even though synthetic cathinone use has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Single episode of harmful use of synthetic cathinones (6C47.0)

Harmful pattern of use of synthetic cathinones (6C47.1)

6C47.23 Synthetic cathinone dependence, sustained full remission

After a diagnosis of synthetic cathinone dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from synthetic cathinone use for 12 months or longer.

Exclusions: Single episode of harmful use of synthetic cathinones (6C47.0)

Harmful pattern of use of synthetic cathinones (6C47.1)

6C47.2Y Other specified synthetic cathinone dependence

6C47.2Z Synthetic cathinone dependence, unspecified

6C47.3 Synthetic cathinone intoxication

Synthetic cathinone intoxication is a clinically significant transient condition that develops during or shortly after the consumption of synthetic cathinones that is characterized by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of synthetic cathinones and their intensity is closely related to the amount of synthetic cathinones consumed. They are time-limited and abate as the synthetic cathinone is cleared from the body. Presenting features may include anxiety, anger, hypervigilance, psychomotor agitation, panic, confusion, paranoid ideation, auditory hallucinations and changes in sociability, perspiration or chills, and nausea or vomiting. Physical signs may include tachycardia, elevated blood pressure, pupillary dilatation, and hyperthermia. In rare instances, usually in severe intoxication, use of synthetic cathinones can result in seizures.

Note: Code also the underlying condition

6C47.4 **Synthetic cathinone withdrawal**

Synthetic cathinone withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of synthetic cathinones in individuals who have developed Synthetic cathinone dependence or have used synthetic cathinones for a prolonged period or in large amounts. Presenting features of Synthetic cathinone withdrawal may include dysphoric mood, irritability, fatigue, insomnia or hypersomnia, increased appetite, anxiety, and craving for stimulants, including cathinones.

Note: Code also the underlying condition

6C47.5 **Synthetic cathinone-induced delirium**

Synthetic cathinone-induced delirium is characterized by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of synthetic cathinones. The amount and duration of synthetic cathinone use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Note: Code also the underlying condition

6C47.6 **Synthetic cathinone-induced psychotic disorder**

Synthetic cathinone-induced psychotic disorder is characterized by psychotic symptoms (e.g., delusions, hallucinations, disorganized thinking, grossly disorganized behaviour) that develop during or soon after intoxication with or withdrawal from synthetic cathinones. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of Synthetic cathinone intoxication or Synthetic cathinone withdrawal. The amount and duration of synthetic cathinone use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the synthetic cathinone use, if the symptoms persist for a substantial period of time after cessation of the synthetic cathinone use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with synthetic cathinone use).

Note: Code also the underlying condition

6C47.60 Synthetic cathinone-induced psychotic disorder with hallucinations

Synthetic cathinone-induced psychotic disorder with hallucinations is characterized by the presence of hallucinations that are judged to be the direct consequence of synthetic cathinone use. Neither delusions nor other psychotic symptoms are present. The symptoms do not occur exclusively during hypnogogic or hypnopompic states, are not better accounted for by another mental and behavioural disorder (e.g., schizophrenia), and are not due to another disorder or disease classified elsewhere (e.g., epilepsies with visual symptoms).

Note: Code also the underlying condition

6C47.61 Synthetic cathinone-induced psychotic disorder with delusions

Synthetic cathinone psychotic disorder with delusions is characterized by the presence of delusions that are judged to be the direct consequence of synthetic cathinone use. Neither hallucinations nor other psychotic symptoms are present. The symptoms do not occur exclusively during hypnogogic or hypnopompic states, are not better accounted for by another mental and behavioural disorder (e.g., schizophrenia), and are not due to another disorder or disease classified elsewhere (e.g., epilepsies with visual symptoms).

Note: Code also the underlying condition

6C47.62 Synthetic cathinone-induced psychotic disorder with mixed psychotic symptoms

Synthetic cathinone-induced psychotic disorder with mixed psychotic symptoms is characterized by the presence of multiple psychotic symptoms, primarily hallucinations and delusions, when these are judged to be the direct consequence of synthetic cathinone use. The symptoms do not occur exclusively during hypnogogic or hypnopompic states, are not better accounted for by another mental and behavioural disorder (e.g., Schizophrenia), and are not due to another disorder or disease classified elsewhere (e.g., epilepsies with visual symptoms).

Note: Code also the underlying condition

6C47.6Z Synthetic cathinone-induced psychotic disorder, unspecified

Note: Code also the underlying condition

6C47.7 Other synthetic cathinones-induced disorders

Note: Code also the underlying condition

6C47.70 Synthetic cathinone-induced mood disorder

Synthetic cathinone-induced mood disorder is characterized by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from synthetic cathinones. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of Synthetic cathinone intoxication or Synthetic cathinone withdrawal. The amount and duration of synthetic cathinone use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the synthetic cathinone use, if the symptoms persist for a substantial period of time after cessation of the synthetic cathinone use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with synthetic cathinone use).

Note: Code also the underlying condition

6C47.71 Synthetic cathinone-induced anxiety disorder

Synthetic cathinone-induced anxiety disorder is characterized by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from synthetic cathinones. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of Synthetic cathinone intoxication or Synthetic cathinone withdrawal. The amount and duration of synthetic cathinone use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and fear-related disorder, a Depressive disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the synthetic cathinone use, if the symptoms persist for a substantial period of time after cessation of the synthetic cathinone use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with synthetic cathinone use).

Note: Code also the underlying condition

6C47.72 Synthetic cathinone-induced obsessive-compulsive or related syndrome

Synthetic cathinone-induced obsessive-compulsive or related disorder is characterized by either repetitive intrusive thoughts or preoccupations, normally associated with anxiety and typically accompanied by repetitive behaviours performed in response, or by recurrent and habitual actions directed at the integument (e.g., hair pulling, skin picking) that develop during or soon after intoxication with or withdrawal from synthetic cathinones. The intensity or duration of the symptoms is substantially in excess of analogous disturbances that are characteristic of Synthetic cathinone intoxication or Synthetic cathinone withdrawal. The amount and duration of synthetic cathinone use must be capable of producing obsessive-compulsive or related symptoms. The symptoms are not better explained by a primary mental disorder (in particular an Obsessive-compulsive or related disorder), as might be the case if the symptoms preceded the onset of the synthetic cathinone use, if the symptoms persist for a substantial period of time after cessation of the synthetic cathinone use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with obsessive-compulsive or related symptoms (e.g., a history of prior episodes not associated with synthetic cathinone use).

Note: Code also the underlying condition

6C47.73 Synthetic cathinone-induced impulse control disorder

Synthetic cathinone-induced impulse control disorder is characterized by persistently repeated behaviours in which there is recurrent failure to resist an impulse, drive, or urge to perform an act that is rewarding to the person, at least in the short-term, despite longer-term harm either to the individual or to others (e.g., fire setting or stealing without apparent motive, repetitive sexual behaviour, aggressive outbursts) that develop during or soon after intoxication with or withdrawal from synthetic cathinones. The intensity or duration of the symptoms is substantially in excess of disturbances of impulse control that are characteristic of Synthetic cathinone intoxication or Synthetic cathinone withdrawal. The amount and duration of synthetic cathinone use must be capable of producing disturbances of impulse control. The symptoms are not better explained by a primary mental disorder (e.g., an Impulse control disorder, a Disorder due to addictive behaviours), as might be the case if the impulse control disturbances preceded the onset of the synthetic cathinone use, if the symptoms persist for a substantial period of time after cessation of the synthetic cathinone use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with impulse control symptoms (e.g., a history of prior episodes not associated with synthetic cathinone use).

Note: Code also the underlying condition

6C47.Y **Other specified disorders due to use of synthetic cathinones**

Note: Code also the underlying condition

6C47.Z **Disorders due to use of synthetic cathinones, unspecified**

Note: Code also the underlying condition

6C48 Disorders due to use of caffeine

Disorders due to use of caffeine are characterised by the pattern and consequences of caffeine use. In addition to Caffeine intoxication, Caffeine withdrawal may occur upon cessation or reduction of use of caffeine in individuals who have used caffeine for a prolonged period or in large amounts. Caffeine is implicated in harms affecting organs and systems of the body, which may be classified as Single episode of harmful use of caffeine and Harmful pattern of use of caffeine. Caffeine-induced anxiety disorder and caffeine-induced sleep-wake disorder are recognised.

Note: Code also the underlying condition

Exclusions: Disorders due to use of stimulants including amphetamines, methamphetamine or methcathinone (6C46)

Hazardous use of caffeine (QE11.5)

6C48.0 **Single episode of harmful use of caffeine**

A single episode of caffeine use that has caused damage to a person's physical or mental health. Harm to health of the individual occurs due to one or more of the following: (1) direct or secondary toxic effects on body organs and systems; or (2) a harmful route of administration. This diagnosis should not be made if the harm is attributed to a known pattern of caffeine use.

Exclusions: Harmful pattern of use of caffeine (6C48.1)

6C48.1 **Harmful pattern of use of caffeine**

A pattern of caffeine use that has caused clinically significant harm to a person's physical or mental health or in which caffeine-induced behaviour has caused clinically significant harm to the health of other people. The pattern of caffeine use is evident over a period of at least 12 months if use is episodic and at least one month if use is continuous (i.e., daily or almost daily). Harm may be caused by the intoxicating effects of caffeine, the direct or secondary toxic effects on body organs and systems, or a harmful route of administration.

Exclusions: Single episode of harmful use of caffeine (6C48.0)

6C48.10 Harmful pattern of use of caffeine, episodic

A pattern of episodic or intermittent caffeine use that has caused damage to a person's physical or mental health. The pattern of episodic caffeine use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) direct or secondary toxic effects on body organs and systems; or (2) a harmful route of administration.

Exclusions: Single episode of harmful use of caffeine (6C48.0)

6C48.11 Harmful pattern of use of caffeine, continuous

A pattern of continuous (daily or almost daily) caffeine use that has caused damage to a person's physical or mental health. The pattern of continuous caffeine use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) direct or secondary toxic effects on body organs and systems; or (2) a harmful route of administration.

Exclusions: Single episode of harmful use of caffeine (6C48.0)

6C48.1Z Harmful pattern of use of caffeine, unspecified

6C48.2 **Caffeine intoxication**

Caffeine intoxication is a clinically significant transient condition that develops during or shortly after the consumption of caffeine that is characterized by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of caffeine and their intensity is closely related to the amount of caffeine consumed. They are time-limited and abate as caffeine is cleared from the body. Presenting features may include restlessness, anxiety, excitement, insomnia, flushed face, diuresis, gastrointestinal disturbances, muscle twitching, psychomotor agitation, perspiration or chills, and nausea or vomiting. Panic attacks may occur. Disturbances typical of intoxication tend to occur at relatively higher doses (e.g., > 1 g per day). Very high doses of caffeine (e.g., > 5 g) can result in respiratory distress or seizures and can be fatal.

Note: Code also the underlying condition

6C48.3 **Caffeine withdrawal**

Caffeine withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of caffeine (typically in the form of coffee, caffeinated drinks, or as an ingredient in certain over-the-counter medications) in individuals who have used caffeine for a prolonged period or in large amounts. Presenting features of Caffeine withdrawal may include headache, fatigue or drowsiness, anxiety, dysphoric mood, nausea or vomiting, and difficulty concentrating.

Note: Code also the underlying condition

6C48.4 **Caffeine-induced disorders**

Note: Code also the underlying condition

6C48.40 Caffeine-induced anxiety disorder

Caffeine-induced anxiety disorder is characterized by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from caffeine. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of Caffeine intoxication or Caffeine withdrawal. The amount and duration of caffeine use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and fear-related disorder, a Depressive disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the caffeine use, if the symptoms persist for a substantial period of time after cessation of the caffeine use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with caffeine use).

Note: Code also the underlying condition

6C48.Y **Other specified disorders due to use of caffeine**

Note: Code also the underlying condition

6C48.Z **Disorders due to use of caffeine, unspecified**

Note: Code also the underlying condition

6C49 Disorders due to use of hallucinogens

Disorders due to use of hallucinogens are characterised by the pattern and consequences of hallucinogen use. In addition to Hallucinogen intoxication, hallucinogens have dependence-inducing properties, resulting in Hallucinogen dependence in some people. Hallucinogens are implicated in a wide range of harms affecting most organs and systems of the body, which may be classified as Single episode of harmful use of hallucinogens and Harmful pattern of use of hallucinogens. Harm to others resulting from behaviour during Hallucinogen intoxication is included in the definitions of Harmful use of hallucinogens. Several hallucinogen-induced mental disorders are recognised.

Note: Code also the underlying condition

6C49.0 Single episode of harmful use of hallucinogens

A single episode of hallucinogen use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behavior due to hallucinogen intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of hallucinogen use.

Exclusions: Hallucinogen dependence (6C49.2)

Harmful pattern of use of hallucinogens (6C49.1)

6C49.1 Harmful pattern of use of hallucinogens

A pattern of use of hallucinogens that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of hallucinogen use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to hallucinogen intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of hallucinogens applies.

Exclusions: Hallucinogen dependence (6C49.2)

Single episode of harmful use of hallucinogens (6C49.0)

6C49.10 Harmful pattern of use of hallucinogens, episodic

A pattern of episodic or intermittent use of hallucinogens that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic hallucinogen use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to hallucinogen intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of hallucinogens applies.

Exclusions: Single episode of harmful use of hallucinogens (6C49.0)

Hallucinogen dependence (6C49.2)

6C49.11 Harmful pattern of use of hallucinogens, continuous

A pattern of continuous (daily or almost daily) use of hallucinogens that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous hallucinogen use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to hallucinogen intoxication on the part of the person to whom the diagnosis of Harmful use of hallucinogens applies.

Exclusions: Single episode of harmful use of hallucinogens (6C49.0)

Hallucinogen dependence (6C49.2)

6C49.1Z Harmful pattern of use of hallucinogens, unspecified

6C49.2 Hallucinogen dependence

Hallucinogen dependence is a disorder of regulation of hallucinogen use arising from repeated or continuous use of hallucinogens. The characteristic feature is a strong internal drive to use hallucinogens, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use hallucinogens. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if hallucinogens use is continuous (daily or almost daily) for at least 1 month.

Exclusions: Single episode of harmful use of hallucinogens (6C49.0)

Harmful pattern of use of hallucinogens (6C49.1)

6C49.20 Hallucinogen dependence, current use

Current hallucinogen dependence with hallucinogen use within the past month.

Exclusions: Single episode of harmful use of hallucinogens (6C49.0)

Harmful pattern of use of hallucinogens (6C49.1)

6C49.21 Hallucinogen dependence, early full remission

After a diagnosis of Hallucinogen dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from hallucinogens during a period lasting from between 1 and 12 months.

Exclusions: Single episode of harmful use of hallucinogens (6C49.0)

Harmful pattern of use of hallucinogens (6C49.1)

6C49.22 Hallucinogen dependence, sustained partial remission

After a diagnosis of Hallucinogen dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in hallucinogen consumption for more than 12 months, such that even though intermittent or continuing hallucinogen use has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Single episode of harmful use of hallucinogens (6C49.0)

Harmful pattern of use of hallucinogens (6C49.1)

6C49.23 Hallucinogen dependence, sustained full remission

After a diagnosis of Hallucinogen dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from hallucinogens for 12 months or longer.

Exclusions: Single episode of harmful use of hallucinogens (6C49.0)

Harmful pattern of use of hallucinogens (6C49.1)

6C49.2Z Hallucinogen dependence, unspecified

6C49.3 Hallucinogen intoxication

Hallucinogen intoxication is a clinically significant transient condition that develops during or shortly after the consumption of hallucinogens that is characterized by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of hallucinogens and their intensity is closely related to the amount of hallucinogen consumed. They are time-limited and abate as the hallucinogen is cleared from the body. Presenting features may include hallucinations, illusions, perceptual changes (such as depersonalization, derealization, synesthesias (blending of senses, such as a visual stimulus evoking a smell), anxiety or depression, ideas of reference, paranoid ideation, impaired judgment, palpitations, sweating, blurred vision, tremors and incoordination. Physical signs may include tachycardia, elevated blood pressure, and pupillary dilatation. In rare instances, hallucinogen intoxication may increase suicidal behaviour.

Note: Code also the underlying condition

Exclusions: hallucinogens poisoning (NE60)

Possession trance disorder (6B63)

6C49.4 Hallucinogen-induced delirium

Hallucinogen-induced delirium is characterized by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or during the use of hallucinogens. The amount and duration of hallucinogen use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Note: Code also the underlying condition

6C49.5 Hallucinogen-induced psychotic disorder

Hallucinogen-induced psychotic disorder is characterized by psychotic symptoms (e.g., delusions, hallucinations, disorganized thinking, grossly disorganized behaviour) that develop during or soon after intoxication with hallucinogens. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of hallucinogen intoxication. The amount and duration of hallucinogen use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the hallucinogen use, if the symptoms persist for a substantial period of time after cessation of the hallucinogen use, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with hallucinogen use).

Note: Code also the underlying condition

Exclusions: Psychotic disorder induced by other specified psychoactive substance (6C4E.6)

Alcohol-induced psychotic disorder (6C40.6)

6C49.6 Other hallucinogen-induced disorders

Note: Code also the underlying condition

6C49.60 Hallucinogen-induced mood disorder

Hallucinogen-induced mood disorder is characterized by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with hallucinogens. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of hallucinogen intoxication. The amount and duration of hallucinogen use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the hallucinogen use, if the symptoms persist for a substantial period of time after cessation of the hallucinogen use, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with hallucinogen use).

Note: Code also the underlying condition

6C49.61 Hallucinogen-induced anxiety disorder

Hallucinogen-induced anxiety disorder is characterized by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with hallucinogens. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of hallucinogen intoxication. The amount and duration of hallucinogen use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and Fear-Related Disorder, a Depressive Disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the hallucinogen use, if the symptoms persist for a substantial period of time after cessation of the hallucinogen use, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with hallucinogen use).

Note: Code also the underlying condition

6C49.Y **Other specified disorders due to use of hallucinogens**

Note: Code also the underlying condition

6C49.Z **Disorders due to use of hallucinogens, unspecified**

Note: Code also the underlying condition

6C4A Disorders due to use of nicotine

Disorders due to use of nicotine are characterised by the pattern and consequences of nicotine use. In addition to Nicotine intoxication, nicotine has dependence-inducing properties, resulting in Nicotine dependence in some people and Nicotine withdrawal when use is reduced or discontinued. Nicotine is implicated in a wide range of harms affecting most organs and systems of the body, which may be classified as Single episode of harmful use of nicotine and Harmful pattern of use of nicotine. Nicotine-induced sleep-wake disorder is recognised.

Note: Code also the underlying condition

6C4A.0 **Single episode of harmful use of nicotine**

A single episode of nicotine use that has caused damage to a person's physical or mental health. Harm to health of the individual occurs due to one or more of the following: (1) direct or secondary toxic effects on body organs and systems; or (2) a harmful route of administration. This diagnosis should not be made if the harm is attributed to a known pattern of nicotine use.

Exclusions: Nicotine dependence (6C4A.2)

Harmful pattern of use of nicotine (6C4A.1)

6C4A.1 **Harmful pattern of use of nicotine**

A pattern of nicotine use that has caused damage to a person's physical or mental health. The pattern of nicotine use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) direct or secondary toxic effects on body organs and systems; or (2) a harmful route of administration.

Exclusions: Nicotine dependence (6C4A.2)

Single episode of harmful use of nicotine (6C4A.0)

6C4A.10 Harmful pattern of use of nicotine, episodic

A pattern of episodic or intermittent nicotine use that has caused damage to a person's physical or mental health. The pattern of episodic nicotine use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) direct or secondary toxic effects on body organs and systems; or (2) a harmful route of administration.

Exclusions: Single episode of harmful use of nicotine (6C4A.0)

Nicotine dependence (6C4A.2)

6C4A.11 Harmful pattern of use of nicotine, continuous

A pattern of continuous (daily or almost daily) nicotine use that has caused damage to a person's physical or mental health. The pattern of continuous nicotine use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) direct or secondary toxic effects on body organs and systems; or (2) a harmful route of administration.

Exclusions: Single episode of harmful use of nicotine (6C4A.0)

Nicotine dependence (6C4A.2)

6C4A.1Z Harmful pattern of use of nicotine, unspecified

6C4A.2 **Nicotine dependence**

Nicotine dependence is a disorder of regulation of nicotine use arising from repeated or continuous use of nicotine. The characteristic feature is a strong internal drive to use nicotine, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use nicotine. Physiological features of dependence may also be present, including tolerance to the effects of nicotine, withdrawal symptoms following cessation or reduction in use of nicotine, or repeated use of nicotine or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months.

Exclusions: Single episode of harmful use of nicotine (6C4A.0)

Harmful pattern of use of nicotine (6C4A.1)

6C4A.20 Nicotine dependence, current use

Current nicotine dependence with nicotine use within the past month.

Exclusions: Single episode of harmful use of nicotine (6C4A.0)

Harmful pattern of use of nicotine (6C4A.1)

6C4A.21 Nicotine dependence, early full remission

After a diagnosis of nicotine dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from nicotine during a period lasting from between 1 and 12 months.

Exclusions: Single episode of harmful use of nicotine (6C4A.0)

Harmful pattern of use of nicotine (6C4A.1)

6C4A.22 Nicotine dependence, sustained partial remission

After a diagnosis of nicotine dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in nicotine consumption for more than 12 months, such that even though intermittent or continuing nicotine use has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Single episode of harmful use of nicotine (6C4A.0)

Harmful pattern of use of nicotine (6C4A.1)

6C4A.23 Nicotine dependence, sustained full remission

After a diagnosis of nicotine dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from nicotine for 12 months or longer.

Exclusions: Single episode of harmful use of nicotine (6C4A.0)

Harmful pattern of use of nicotine (6C4A.1)

6C4A.2Z Nicotine dependence, unspecified

6C4A.3 **Nicotine intoxication**

Nicotine intoxication is a clinically significant transient condition that develops during or shortly after the consumption of nicotine that is characterized by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of nicotine and their intensity is closely related to the amount of nicotine consumed. They are time-limited and abate as nicotine is cleared from the body. Presenting features may include restlessness, psychomotor agitation, anxiety, cold sweats, headache, insomnia, palpitations, paresthesias, nausea or vomiting, abdominal cramps, confusion, bizarre dreams, burning sensations in the mouth, and salivation. In rare instances, paranoid ideation, perceptual disturbances, convulsions or coma and may occur. Nicotine intoxication occurs most commonly in naïve (non-tolerant) users or among those taking higher than accustomed doses.

Note: Code also the underlying condition

Inclusions: "Bad trips" (nicotine)

Exclusions: intoxication meaning poisoning (NE61)

Possession trance disorder (6B63)

6C4A.4 **Nicotine withdrawal**

Nicotine withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of nicotine (typically used as a constituent of tobacco) in individuals who have developed Nicotine dependence or have used nicotine for a prolonged period or in large amounts. Presenting features of Nicotine withdrawal may include dysphoric or depressed mood, insomnia, irritability, frustration, anger, anxiety, difficulty concentrating, restlessness, bradycardia, increased appetite, and weight gain and craving for tobacco (or other nicotine-containing products). Other physical symptoms may include increased cough and mouth ulceration.

Note: Code also the underlying condition

6C4A.Y **Other specified disorders due to use of nicotine**

Note: Code also the underlying condition

6C4A.Z **Disorders due to use of nicotine, unspecified**

Note: Code also the underlying condition

6C4B Disorders due to use of volatile inhalants

Disorders due to use of volatile inhalants are characterised by the pattern and consequences of volatile inhalant use. In addition to Volatile inhalant intoxication, volatile inhalants have dependence-inducing properties, resulting in Volatile inhalant dependence in some people and Volatile inhalant withdrawal when use is reduced or discontinued. Volatile inhalants are implicated in a wide range of harms affecting most organs and systems of the body, which may be classified as Single episode of harmful use of volatile inhalants and Harmful pattern of use of volatile inhalants. Harm to others resulting from behaviour during Volatile inhalant intoxication is included in the definitions of Harmful use of volatile inhalants. Several volatile inhalant-induced mental disorders are recognised.

Note: Code also the underlying condition

6C4B.0 **Single episode of harmful use of volatile inhalants**

A single episode of volatile inhalant use or unintentional exposure (e.g., occupational exposure) that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behavior due to volatile inhalant intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of volatile inhalant use.

Exclusions: Harmful pattern of use of volatile inhalants (6C4B.1)

Volatile inhalant dependence (6C4B.2)

6C4B.1 **Harmful pattern of use of volatile inhalants**

A pattern of volatile inhalant use of that has caused damage to a person's physical or mental health. The pattern of volatile inhalant use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (1) direct or secondary toxic effects on body organs and systems; or (2) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to volatile inhalant intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of volatile inhalants applies.

Exclusions: Volatile inhalant dependence (6C4B.2)

Single episode of harmful use of volatile inhalants (6C4B.0)

6C4B.10 Harmful pattern of use of volatile inhalants, episodic

A pattern of episodic or intermittent volatile inhalant use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic volatile inhalant use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to volatile inhalant intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of volatile inhalants applies.

Exclusions: Single episode of harmful use of volatile inhalants (6C4B.0)

Volatile inhalant dependence (6C4B.2)

6C4B.11 Harmful pattern of use of volatile inhalants, continuous

A pattern of continuous (daily or almost daily) volatile inhalant use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous volatile inhalant use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to volatile inhalant intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of volatile inhalants applies.

Exclusions: Single episode of harmful use of volatile inhalants (6C4B.0)

Volatile inhalant dependence (6C4B.2)

6C4B.1Z Harmful pattern of use of volatile inhalants, unspecified

6C4B.2 Volatile inhalant dependence

Volatile inhalant dependence is a disorder of regulation of volatile inhalant use arising from repeated or continuous use of volatile inhalants. The characteristic feature is a strong internal drive to use volatile inhalants, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use volatile inhalants. Physiological features of dependence may also be present, including tolerance to the effects of volatile inhalants, withdrawal symptoms following cessation or reduction in use of volatile inhalants, or repeated use of volatile inhalants or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if volatile inhalant use is continuous (daily or almost daily) for at least 1 month.

Exclusions: Single episode of harmful use of volatile inhalants (6C4B.0)

Harmful pattern of use of volatile inhalants (6C4B.1)

6C4B.20 Volatile inhalant dependence, current use

Current volatile inhalant dependence with volatile inhalant use within the past month.

Exclusions: Single episode of harmful use of volatile inhalants (6C4B.0)

Harmful pattern of use of volatile inhalants (6C4B.1)

6C4B.21 Volatile inhalant dependence, early full remission

After a diagnosis of volatile inhalant dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from volatile inhalants during a period lasting from between 1 and 12 months.

Exclusions: Single episode of harmful use of volatile inhalants (6C4B.0)

Harmful pattern of use of volatile inhalants (6C4B.1)

6C4B.22 Volatile inhalant dependence, sustained partial remission

After a diagnosis of Volatile inhalant dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in volatile inhalant consumption for more than 12 months, such that even though intermittent or continuing volatile inhalant use has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Single episode of harmful use of volatile inhalants (6C4B.0)

Harmful pattern of use of volatile inhalants (6C4B.1)

6C4B.23 Volatile inhalant dependence, sustained full remission

After a diagnosis of Volatile inhalant dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from volatile inhalants for 12 months or longer.

Exclusions: Single episode of harmful use of volatile inhalants (6C4B.0)

Harmful pattern of use of volatile inhalants (6C4B.1)

6C4B.2Z Volatile inhalant dependence, unspecified

6C4B.3 Volatile inhalant intoxication

Volatile inhalant intoxication is a clinically significant transient condition that develops during or shortly after the consumption of a volatile inhalant that is characterized by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of volatile inhalants and their intensity is closely related to the amount of volatile inhalant consumed. They are time-limited and abate as the volatile inhalant is cleared from the body. Presenting features may include inappropriate euphoria, impaired judgment, aggression, somnolence, coma, dizziness, tremor, lack of coordination, slurred speech, unsteady gait, lethargy and apathy, psychomotor retardation, and visual disturbance. Muscle weakness and diplopia may occur. Use of volatile inhalants may cause cardiac arrthymias, cardiac arrest, and death. Inhalants containing lead (e.g. some forms of petrol/gasoline) may cause confusion, irritability, coma and seizures.

Note: Code also the underlying condition

Exclusions: Possession trance disorder (6B63)

6C4B.4 Volatile inhalant withdrawal

Volatile inhalant withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of volatile inhalants in individuals who have developed Volatile inhalant dependence or have used volatile inhalants for a prolonged period or in large amounts. Presenting features of Volatile inhalant withdrawal may include insomnia, anxiety, irritability, dysphoric mood, shakiness, perspiration, nausea, and transient illusions.

Note: Code also the underlying condition

6C4B.5 Volatile inhalant-induced delirium

Volatile inhalant-induced delirium is characterized by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of volatile inhalants. The amount and duration of volatile inhalant use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6C4B.6 **Volatile inhalant-induced psychotic disorder**

Volatile inhalant-induced psychotic disorder is characterized by psychotic symptoms (e.g., delusions, hallucinations, disorganized thinking, grossly disorganized beha1viour) that develop during or soon after intoxication with or withdrawal from volatile inhalants. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of Volatile inhalant intoxication or Volatile inhalant withdrawal. The amount and duration of volatile inhalant use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the volatile inhalant use, if the symptoms persist for a substantial period of time after cessation of the volatile inhalant use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with volatile inhalant use).

Note: Code also the underlying condition

6C4B.7 **Other volatile inhalants-induced disorders**

Note: Code also the underlying condition

6C4B.70 Volatile inhalant-induced mood disorder

Volatile inhalant-induced mood disorder is characterized by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from volatile inhalants. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of Volatile inhalant intoxication or Volatile inhalant withdrawal. The amount and duration of volatile inhalant use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the volatile inhalant use, if the symptoms persist for a substantial period of time after cessation of the volatile inhalant use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with volatile inhalant use).

Note: Code also the underlying condition

6C4B.71 Volatile inhalant-induced anxiety disorder

Volatile inhalant-induced anxiety disorder is characterized by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from volatile inhalants. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of Volatile inhalant intoxication or Volatile inhalant withdrawal. The amount and duration of volatile inhalant use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and Fear-Related Disorder, a Depressive Disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the volatile inhalant use, if the symptoms persist for a substantial period of time after cessation of the volatile inhalant use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with volatile inhalant use).

Note: Code also the underlying condition

6C4B.Y **Other specified disorders due to use of volatile inhalants**

Note: Code also the underlying condition

6C4B.Z **Disorders due to use of volatile inhalants, unspecified**

Note: Code also the underlying condition

6C4C Disorders due to use of MDMA or related drugs, including MDA

Disorders due to use of MDMA or related drugs, including MDA are characterised by the pattern and consequences of MDMA or related drug use. In addition to MDMA or related drug intoxication, including MDA, MDMA or related drugs have dependence-inducing properties, resulting in MDMA or related drug dependence, including MDA in some people and MDMA or related drug withdrawal, including MDA when use is reduced or discontinued. MDMA or related drugs are implicated in a wide range of harms affecting most organs and systems of the body, which may be classified as Single episode of harmful use of MDMA or related drugs, including MDA and Harmful pattern of use of MDMA or related drugs, including MDA. Harm to others resulting from behaviour during MDMA or related drug intoxication, including MDA is included in the definitions of Harmful use of MDMA or related drugs, including MDA. Several MDMA or related drug-induced mental disorders and are recognised.

Note: Code also the underlying condition

Exclusions: Hazardous use of MDMA or related drugs (QE11.6)

6C4C.0 **Single episode of harmful use of MDMA or related drugs, including MDA**

A single episode of use of MDMA or related drugs, including MDA, that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behavior due to intoxication with MDMA or related drugs, including MDA, on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of use of MDMA or related drugs, including MDA.

Exclusions: Harmful pattern of use of MDMA or related drugs, including MDA (6C4C.1)

MDMA or related drug dependence, including MDA (6C4C.2)

6C4C.1 **Harmful pattern of use of MDMA or related drugs, including MDA**

A pattern of use of MDMA or related drugs, including MDA, that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of use of MDMA or related drugs is evident over a period of at least 12 months if use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to MDMA or related drug intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of MDMA or related drugs, including MDA applies.

Exclusions: MDMA or related drug dependence, including MDA (6C4C.2)

Single episode of harmful use of MDMA or related drugs, including MDA (6C4C.0)

6C4C.10 Harmful use of MDMA or related drugs, including MDA, episodic

A pattern of episodic or intermittent use of MDMA or related drugs, including MDA, that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic use of MDMA or related drugs is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to MDMA or related drug intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of MDMA or related drugs, including MDA applies.

Exclusions: Single episode of harmful use of MDMA or related drugs, including MDA (6C4C.0)

MDMA or related drug dependence, including MDA (6C4C.2)

6C4C.11 Harmful use of MDMA or related drugs, including MDA, continuous

A pattern of continuous (daily or almost daily) use of MDMA or related drugs, including MDA, that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous use of MDMA or related drugs is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to MDMA or related drug intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of MDMA or related drugs, including MDA applies.

Exclusions: Single episode of harmful use of MDMA or related drugs, including MDA (6C4C.0)

MDMA or related drug dependence, including MDA (6C4C.2)

6C4C.1Z Harmful pattern of use of MDMA or related drugs, including MDA, unspecified

6C4C.2 **MDMA or related drug dependence, including MDA**

MDMA or related drug dependence, including MDA is a disorder of regulation of MDMA or related drug use arising from repeated or continuous use of MDMA or related drugs. The characteristic feature is a strong internal drive to use MDMA or related drugs, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use MDMA or related drugs. Physiological features of dependence may also be present, including tolerance to the effects of MDMA or related drugs, withdrawal symptoms following cessation or reduction in use of MDMA or related drugs, or repeated use of MDMA or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if MDMA or related drug use is continuous (daily or almost daily) for at least 1 month.

Exclusions: Single episode of harmful use of MDMA or related drugs, including MDA (6C4C.0)

Harmful pattern of use of MDMA or related drugs, including MDA (6C4C.1)

6C4C.20 MDMA or related drug dependence, including MDA, current use

Current MDMA or related drug dependence, including MDA, with MDMA or related drug use within the past month.

Exclusions: Single episode of harmful use of MDMA or related drugs, including MDA (6C4C.0)

Harmful pattern of use of MDMA or related drugs, including MDA (6C4C.1)

6C4C.21 MDMA or related drug dependence, including MDA, early full remission

After a diagnosis of MDMA or related drug dependence, including MDA, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from MDMA or related drug dependence, including MDA, during a period lasting from between 1 and 12 months.

Exclusions: Single episode of harmful use of MDMA or related drugs, including MDA (6C4C.0)

Harmful pattern of use of MDMA or related drugs, including MDA (6C4C.1)

6C4C.22 MDMA or related drug dependence, including MDA, sustained partial remission

After a diagnosis of MDMA or related drug dependence, including MDA, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in consumption of MDMA or related drugs, including MDA, for more than 12 months, such that even though intermittent or continuing use of MDMA or related drugs, including MDA, has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Single episode of harmful use of MDMA or related drugs, including MDA (6C4C.0)

Harmful pattern of use of MDMA or related drugs, including MDA (6C4C.1)

6C4C.23 MDMA or related drug dependence, including MDA, sustained full remission

After a diagnosis of MDMA or related drug dependence, including MDA, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from MDMA or related drugs, including MDA, for 12 months or longer.

Exclusions: Single episode of harmful use of MDMA or related drugs, including MDA (6C4C.0)

Harmful pattern of use of MDMA or related drugs, including MDA (6C4C.1)

6C4C.2Z MDMA or related drug dependence, including MDA, unspecified

6C4C.3 MDMA or related drug intoxication, including MDA

MDMA or related drug intoxication, including MDA is a clinically significant transient condition that develops during or shortly after the consumption of MDMA or related drugs that is characterized by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of MDMA or related drugs and their intensity is closely related to the amount of MDMA or a related drug consumed. They are time-limited and abate as MDMA or a related drug is cleared from the body. Presenting features may include increased or inappropriate sexual interest and activity, anxiety, restlessness, agitation, and sweating. In rare instances, usually in severe intoxication, use of MDMA or related drugs, including MDA can result in dystonia and seizures. Sudden death is a rare but recognized complication.

Note: Code also the underlying condition

6C4C.4 **MDMA or related drug withdrawal, including MDA**

MDMA or related drug withdrawal, including MDA is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of MDMA or related drugs in individuals who have developed MDMA or related drug dependence or have used MDMA or related drugs for a prolonged period or in large amounts. Presenting features of MDMA or related drug withdrawal may include fatigue, lethargy, hypersomnia or insomnia, depressed mood, anxiety, irritability, craving, difficulty in concentrating, and appetite disturbance.

Note: Code also the underlying condition

6C4C.5 **MDMA or related drug-induced delirium, including MDA**

MDMA or related drug-induced delirium, including MDA is characterized by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or during the use of MDMA or related drugs. The amount and duration of MDMA or related drug use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Note: Code also the underlying condition

6C4C.6 **MDMA or related drug-induced psychotic disorder, including MDA**

MDMA or related drug-induced psychotic disorder, including MDA is characterized by psychotic symptoms (e.g., delusions, hallucinations, disorganized thinking, grossly disorganized behaviour) that develop during or soon after intoxication with MDMA or related drugs. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of MDMA or related drug intoxication. The amount and duration of MDMA or related drug use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the MDMA or related drug use, if the symptoms persist for a substantial period of time after cessation of the MDMA or related drug use, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with MDMA or related drug use, including MDA).

Note: Code also the underlying condition

6C4C.7 **Other MDMA or related drugs, including MDA-induced disorders**

Note: Code also the underlying condition

6C4C.70 MDMA or related drug-induced mood disorder, including MDA

MDMA or related drug-induced mood disorder, including MDA is characterized by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with MDMA or related drugs. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of MDMA or related drug intoxication, including MDA. The amount and duration of MDMA or related drug use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the MDMA or related drug use, if the symptoms persist for a substantial period of time after cessation of the MDMA or related drug use, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with MDMA or related drug use).

Note: Code also the underlying condition

6C4C.71 MDMA or related drug-induced anxiety disorder

MDMA or related drug-induced anxiety disorder, including MDA is characterized by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with MDMA or related drugs. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of MDMA or related drug intoxication, including MDA. The amount and duration of MDMA or related drug use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and fear-related disorder, a Depressive disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the MDMA or related drug use, if the symptoms persist for a substantial period of time after cessation of the MDMA or related drug use, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with MDMA or related drug use).

Note: Code also the underlying condition

6C4C.Y **Other specified disorders due to use of MDMA or related drugs, including MDA**

Note: Code also the underlying condition

6C4C.Z **Disorders due to use of MDMA or related drugs, including MDA, unspecified**

Note: Code also the underlying condition

6C4D Disorders due to use of dissociative drugs including ketamine and phencyclidine [PCP]

Disorders due to use of dissociative drugs including ketamine and phencyclidine [PCP] are characterised by the pattern and consequences of dissociative drug use. In addition to Dissociative drug intoxication including Ketamine or PCP, dissociative drugs have dependence-inducing properties, resulting in Dissociative drug dependence including ketamine or PCP in some people. Dissociative drugs are implicated in a wide range of harms affecting most organs and systems of the body, which may be classified as Single episode of harmful use of dissociative drugs including ketamine or PCP and Harmful pattern of use of dissociative drugs including ketamine or PCP. Harm to others resulting from behaviour during Dissociative drug intoxication including Ketamine or PCP is included in the definitions of Harmful use of dissociative drugs. Several dissociative drug-induced mental disorders are recognised.

Note: Code also the underlying condition

Exclusions: Hazardous use of dissociative drugs including ketamine or PCP (QE11.7)

6C4D.0 Single episode of harmful use of dissociative drugs including ketamine or PCP

A single episode of use of a dissociative drug, including Ketamine and PCP, that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behavior due to intoxication with a dissociative drug, including Ketamine and PCP, on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of use of dissociative drugs, including Ketamine and PCP.

Exclusions: Dissociative drug dependence including ketamine or PCP (6C4D.2)

Harmful pattern of use of dissociative drugs, including ketamine or PCP (6C4D.1)

6C4D.1 **Harmful pattern of use of dissociative drugs, including ketamine or PCP**

A pattern of use of dissociative drugs, including ketamine and phencyclidine (PCP), that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of dissociative drug use is evident over a period of at least 12 months if use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to dissociative drug intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of dissociative drugs, including ketamine and PCP applies.

Exclusions: Dissociative drug dependence including ketamine or PCP (6C4D.2)

Single episode of harmful use of dissociative drugs including ketamine or PCP (6C4D.0)

6C4D.10 Harmful pattern of use of dissociative drugs including ketamine or PCP, episodic

A pattern of episodic or intermittent use of dissociative drugs, including ketamine and phencyclidine (PCP), that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic use of dissociative drugs is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to dissociative drug intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of dissociative drugs, including ketamine and PCP applies.

Exclusions: Single episode of harmful use of dissociative drugs including ketamine or PCP (6C4D.0)

Dissociative drug dependence including ketamine or PCP (6C4D.2)

6C4D.11 Harmful pattern of use of dissociative drugs including ketamine or PCP, continuous

A pattern of continuous (daily or almost daily) use of dissociative drugs, including ketamine and phencyclidine (PCP), that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous use of dissociative drugs is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to dissociative drug intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of dissociative drugs, including ketamine and PCP applies.

Exclusions: Single episode of harmful use of dissociative drugs including ketamine or PCP (6C4D.0)

Dissociative drug dependence including ketamine or PCP (6C4D.2)

6C4D.1Z Harmful pattern of use of dissociative drugs, including ketamine or PCP, unspecified

6C4D.2 Dissociative drug dependence including ketamine or PCP

Dissociative drug dependence including ketamine or PCP is a disorder of regulation of dissociative drug use arising from repeated or continuous use of dissociative drugs. The characteristic feature is a strong internal drive to use dissociative drugs, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use dissociative drugs. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if dissociative drugs use is continuous (daily or almost daily) for at least 1 month.

Exclusions: Single episode of harmful use of dissociative drugs including ketamine or PCP (6C4D.0)

Harmful pattern of use of dissociative drugs, including ketamine or PCP (6C4D.1)

6C4D.20 Dissociative drug dependence including Ketamine or PCP, current use

Dissociative drug dependence including Ketamine and PCP, current use refers to use of dissociative drugs within the past month.

Exclusions: Single episode of harmful use of dissociative drugs including ketamine or PCP (6C4D.0)

Harmful pattern of use of dissociative drugs, including ketamine or PCP (6C4D.1)

6C4D.21 Dissociative drug dependence including Ketamine or PCP, early full remission

After a diagnosis of Dissociative drug dependence including Ketamine and PCP, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from dissociative drugs during a period lasting from between 1 and 12 months.

Exclusions: Single episode of harmful use of dissociative drugs including ketamine or PCP (6C4D.0)

Harmful pattern of use of dissociative drugs, including ketamine or PCP (6C4D.1)

6C4D.22 Dissociative drug dependence including Ketamine or PCP, sustained partial remission

After a diagnosis of Dissociative drug dependence including Ketamine and PCP, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in dissociative drug consumption for more than 12 months, such that even though intermittent or continuing dissociative drug use has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Single episode of harmful use of dissociative drugs including ketamine or PCP (6C4D.0)

Harmful pattern of use of dissociative drugs, including ketamine or PCP (6C4D.1)

6C4D.23 Dissociative drug dependence including Ketamine or PCP, sustained full remission

After a diagnosis of Dissociative drug dependence including Ketamine and PCP, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from dissociative drugs for 12 months or longer.

Exclusions: Single episode of harmful use of dissociative drugs including ketamine or PCP (6C4D.0)

Harmful pattern of use of dissociative drugs, including ketamine or PCP (6C4D.1)

6C4D.2Z Dissociative drug dependence including ketamine or PCP, unspecified

6C4D.3 Dissociative drug intoxication including Ketamine or PCP

Dissociative drug intoxication including Ketamine and PCP is a clinically significant transient condition that develops during or shortly after the consumption of a dissociative drug that is characterized by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of a dissociative drug and their intensity is closely related to the amount of the dissociative drug consumed. They are time-limited and abate as the dissociative drug is cleared from the body. Presenting features may include aggression, impulsiveness, unpredictability, anxiety, psychomotor agitation, impaired judgment, numbness or diminished responsiveness to pain, slurred speech, and dystonia. Physical signs include nystagmus (repetitive, uncontrolled eye movements), tachycardia, elevated blood pressure, numbness, ataxia, dysarthria, and muscle rigidity. In rare instances, use of dissociative drugs including Ketamine and PCP can result in seizures.

Note: Code also the underlying condition

6C4D.4 **Dissociative drug-induced delirium including ketamine or PCP**

Dissociative drug-induced delirium including Ketamine or PCP is characterized by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or during the use of dissociative drugs. The amount and duration of dissociative drug use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Note: Code also the underlying condition

6C4D.5 **Dissociative drug-induced psychotic disorder including Ketamine or PCP**

Dissociative drug-induced psychotic disorder including Ketamine or PCP is characterized by psychotic symptoms (e.g., delusions, hallucinations, disorganized thinking, grossly disorganized behaviour) that develop during or soon after intoxication with dissociative drugs. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of Dissociative drug intoxication. The amount and duration of Dissociative drug use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the dissociative drug use, if the symptoms persist for a substantial period of time after cessation of the dissociative drug use, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with dissociative drug use).

Note: Code also the underlying condition

6C4D.6 **Other dissociative drugs including ketamine and phencyclidine [PCP]-induced disorders**

Note: Code also the underlying condition

6C4D.60 Dissociative drug-induced mood disorder including Ketamine or PCP

Dissociative drug-induced mood disorder including Ketamine or PCP is characterized by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with dissociative drugs. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of Dissociative drug intoxication. The amount and duration of Dissociative drug use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the dissociative drug use, if the symptoms persist for a substantial period of time after cessation of the dissociative drug use, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with dissociative drug use).

Note: Code also the underlying condition

6C4D.61 Dissociative drug-induced anxiety disorder including Ketamine or PCP

Dissociative drug-induced anxiety disorder including Ketamine or PCP is characterized by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with dissociative drugs. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of Dissociative drug intoxication. The amount and duration of Dissociative drug use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and Fear-Related Disorder, a Depressive Disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the dissociative drug use, if the symptoms persist for a substantial period of time after cessation of the dissociative drug use, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with dissociative drug use).

Note: Code also the underlying condition

6C4D.Y **Other specified disorders due to use of dissociative drugs including ketamine and phencyclidine [PCP]**

Note: Code also the underlying condition

6C4D.Z **Disorders due to use of dissociative drugs including ketamine and phencyclidine [PCP], unspecified**

Note: Code also the underlying condition

6C4E **Disorders due to use of other specified psychoactive substances, including medications**

Disorders due to use of other specified psychoactive substances, including medications are characterised by the pattern and consequences of other specified psychoactive substance use. In addition to Other specified psychoactive substance intoxication, other specified substances have dependence-inducing properties, resulting in Other specified psychoactive substance dependence in some people and Other specified psychoactive substance withdrawal when use is reduced or discontinued. Other specified substances are implicated in a wide range of harms affecting most organs and systems of the body, which may be classified as Single episode of harmful use of other specified psychoactive substance and Harmful pattern of use of other specified psychoactive substance. Harm to others resulting from behaviour during Other specified psychoactive substance intoxication is included in the definitions of Harmful use of other specified substances. Several other specified substance-induced mental disorders and other specified substance-related forms of neurocognitive impairment are recognised.

Note: Code also the underlying condition

6C4E.0 Single episode of harmful use of other specified psychoactive substance

A single episode of use of a specified psychoactive substance or medication that is not included in the other substance classes specifically identified under Disorders Due to Substance Use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to substance intoxication or psychoactive medication use; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to substance intoxication or psychoactive medication use on the part of the person to whom the diagnosis of single episode of harmful use of other specified psychoactive substance applies. This diagnosis should not be made if the harm is attributed to a known pattern of use of the specified psychoactive substance.

Exclusions: Harmful pattern of use of other specified psychoactive substance (6C4E.1)

Other specified psychoactive substance dependence (6C4E.2)

6C4E.1 Harmful pattern of use of other specified psychoactive substance

A pattern of use of a specified psychoactive substance or medication that is not included in the other substance classes specifically identified under Disorders Due to Substance Use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of substance use is evident over a period of at least 12 months if use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to intoxication due to the specified substance or medication on the part of the person to whom the diagnosis of Harmful pattern of use of other specified psychoactive substance applies.

Exclusions: Other specified psychoactive substance dependence (6C4E.2)

Single episode of harmful use of other specified psychoactive substance (6C4E.0)

6C4E.10 Harmful pattern of use of other specified psychoactive substance, episodic

A pattern of episodic or intermittent use of a specified psychoactive substance or medication that is not included in the other substance classes specifically identified under Disorders Due to Substance Abuse that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic substance use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to intoxication due to the specified substance or medication on the part of the person to whom the diagnosis of Harmful pattern of use of other specified psychoactive substance applies.

Exclusions: Single episode of harmful use of other specified psychoactive substance (6C4E.0)

Other specified psychoactive substance dependence (6C4E.2)

6C4E.11 Harmful pattern of use of other specified psychoactive substance, continuous

A pattern of continuous (daily or almost daily) use of a specified psychoactive substance or medication that is not included in the other substance classes specifically identified under Disorders Due to Substance Use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous substance use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to intoxication due to the specified substance or medication on the part of the person to whom the diagnosis of Harmful pattern of use of other specified psychoactive substance applies.

Exclusions: Single episode of harmful use of other specified psychoactive substance (6C4E.0)

Other specified psychoactive substance dependence (6C4E.2)

6C4E.1Z Harmful pattern of use of other specified psychoactive substance, unspecified

6C4E.2 **Other specified psychoactive substance dependence**

Other specified psychoactive substance dependence is a disorder of regulation of use of a specified substance arising from repeated or continuous use of the specified substance. The characteristic feature is a strong internal drive to use the specified substance, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use the specified substance. Physiological features of dependence may also be present, including tolerance to the effects of the specified substance, withdrawal symptoms following cessation or reduction in use of the specified substance, or repeated use of the specified substance or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if use of the specified substance is continuous (daily or almost daily) for at least 1 month.

Exclusions: Single episode of harmful use of other specified psychoactive substance (6C4E.0)

Harmful pattern of use of other specified psychoactive substance (6C4E.1)

6C4E.20 Other specified psychoactive substance dependence, current use

Current Other specified psychoactive substance dependence, with use of the specified psychoactive substance within the past month.

Exclusions: Single episode of harmful use of other specified psychoactive substance (6C4E.0)

Harmful pattern of use of other specified psychoactive substance (6C4E.1)

6C4E.21 Other specified psychoactive substance dependence, early full remission

After a diagnosis of Other specified psychoactive substance dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from the specified substance during a period lasting from between 1 and 12 months.

Exclusions: Single episode of harmful use of other specified psychoactive substance (6C4E.0)

Harmful pattern of use of other specified psychoactive substance (6C4E.1)

6C4E.22 Other specified psychoactive substance dependence, sustained partial remission

After a diagnosis of Other specified psychoactive substance dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in consumption of the specified substance for more than 12 months, such that even though intermittent or continuing substance use has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Single episode of harmful use of other specified psychoactive substance (6C4E.0)

Harmful pattern of use of other specified psychoactive substance (6C4E.1)

6C4E.23 Other specified psychoactive substance dependence, sustained full remission

After a diagnosis of Other specified psychoactive substance dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from the specified substance for 12 months or longer.

Exclusions: Single episode of harmful use of other specified psychoactive substance (6C4E.0)

Harmful pattern of use of other specified psychoactive substance (6C4E.1)

6C4E.2Z Other specified psychoactive substance dependence, unspecified

6C4E.3 **Other specified psychoactive substance intoxication**

Other specified psychoactive substance intoxication is a clinically significant transient condition that develops during or shortly after the consumption of a specified psychoactive substance or medication that is characterized by disturbances in level of consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of the specified psychoactive substance and their intensity is closely related to the amount of the specified psychoactive substance consumed. They are time-limited and abate as the specified substance is cleared from the body.

Note: Code also the underlying condition

6C4E.4 **Other specified psychoactive substance withdrawal**

Other specified psychoactive substance withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of the specified substance in individuals who have developed dependence or have used the specified substance for a prolonged period or in large amounts. Other specified psychoactive substance withdrawal can also occur when prescribed psychoactive medications have been used in standard therapeutic doses. The specific features of the withdrawal state depend on the pharmacological properties of the specified substance.

Note: Code also the underlying condition

6C4E.40 Other specified psychoactive substance withdrawal, uncomplicated

The development of a withdrawal state not accompanied by perceptual disturbances or seizures following cessation or reduction of use of the specified substance.

Note: Code also the underlying condition

6C4E.41 Other specified psychoactive substance withdrawal, with perceptual disturbances

The development of a withdrawal state accompanied by perceptual disturbances but not by seizures following cessation or reduction of use of the specified substance.

Note: Code also the underlying condition

6C4E.42 Other specified psychoactive substance withdrawal, with seizures

The development of a withdrawal state accompanied by seizures but not by perceptual disturbances following cessation or reduction of use of the specified substance.

Note: Code also the underlying condition

6C4E.43 Other specified psychoactive substance withdrawal, with perceptual disturbances and seizures

The development of a withdrawal state accompanied by both perceptual disturbances and seizures following cessation or reduction of use of the specified substance.

Note: Code also the underlying condition

6C4E.4Z Other specified psychoactive substance withdrawal, unspecified

Note: Code also the underlying condition

6C4E.5 Delirium induced by other specified psychoactive substance including medications

Delirium induced by other specified psychoactive substance is characterized by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of a specified psychoactive substance. The amount and duration of use of the specified substance must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Note: Code also the underlying condition

6C4E.6 Psychotic disorder induced by other specified psychoactive substance

Psychotic disorder induced by other specified psychoactive substance is characterized by psychotic symptoms (e.g., delusions, hallucinations, disorganized thinking, grossly disorganized behaviour) that develop during or soon after intoxication with or withdrawal from a specified psychoactive substance. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of intoxication with or withdrawal from a specified psychoactive substance. The amount and duration of use of the specified psychoactive substance must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the use of the specified psychoactive substance, if the symptoms persist for a substantial period of time after cessation of the use of the specified psychoactive substance or withdrawal from the specified psychoactive substance, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with the use of the specified psychoactive substance).

Note: Code also the underlying condition

6C4E.7 Other specified psychoactive substance-induced disorders

Note: Code also the underlying condition

6C4E.70 Mood disorder induced by other specified psychoactive substance

Mood disorder induced by other specified psychoactive substance is characterized by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from a specified psychoactive substance. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of intoxication with or withdrawal from a specified psychoactive substance. The amount and duration of use of the specified psychoactive substance must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the use of the specified psychoactive substance, if the symptoms persist for a substantial period of time after cessation of the use of the specified psychoactive substance or withdrawal from the specified psychoactive substance, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with the use of the specified psychoactive substance).

Note: Code also the underlying condition

6C4E.71 Anxiety disorder induced by other specified psychoactive substance

Anxiety disorder induced by other specified psychoactive substance is characterized by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from a specified psychoactive substance. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of intoxication with or withdrawal from a specified psychoactive substance. The amount and duration of use of the specified psychoactive substance must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and fear-related disorder, a Depressive disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the use of the specified psychoactive substance, if the symptoms persist for a substantial period of time after cessation of the use of the specified psychoactive substance or withdrawal from the specified psychoactive substance, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with the use of the specified psychoactive substance).

Note: Code also the underlying condition

6C4E.72 Obsessive-compulsive or related disorder induced by other specified psychoactive substance

Obsessive-compulsive or related disorder induced by other specified psychoactive substance is characterized by either repetitive intrusive thoughts or preoccupations, normally associated with anxiety and typically accompanied by repetitive behaviours performed in response, or by recurrent and habitual actions directed at the integument (e.g., hair pulling, skin picking) that develop during or soon after intoxication with or withdrawal from a specified psychoactive substance. The intensity or duration of the symptoms is substantially in excess of analogous disturbances that are characteristic of intoxication with or withdrawal from the specified psychoactive substance. The amount and duration of the specified psychoactive substance use must be capable of producing obsessive-compulsive or related symptoms. The symptoms are not better explained by a primary mental disorder (in particular an Obsessive-compulsive or related disorder), as might be the case if the symptoms preceded the onset of the specified psychoactive substance use, if the symptoms persist for a substantial period of time after cessation of use or withdrawal of the specified psychoactive substance, or if there is other evidence of a pre-existing primary mental disorder with obsessive-compulsive or related symptoms (e.g., a history of prior episodes not associated with specified psychoactive substance use).

Note: Code also the underlying condition

6C4E.73 Impulse control disorder induced by other specified psychoactive substance

Impulse control disorder induced by other specified psychoactive substance is characterized by persistently repeated behaviours in which there is recurrent failure to resist an impulse, drive, or urge to perform an act that is rewarding to the person, at least in the short-term, despite longer-term harm either to the individual or to others (e.g., fire setting or stealing without apparent motive, repetitive sexual behaviour, aggressive outbursts) that develop during or soon after intoxication with or withdrawal from a specified psychoactive substance. The intensity or duration of the symptoms is substantially in excess of disturbances of impulse control that are characteristic of intoxication with or withdrawal from the specified psychoactive substance. The amount and duration of the specified psychoactive substance use must be capable of producing disturbances of impulse control. The symptoms are not better explained by a primary mental disorder (e.g., an Impulse control disorder, a Disorder due to addictive behaviours), as might be the case if the impulse control disturbances preceded the onset of the specified psychoactive substance use, if the symptoms persist for a substantial period of time after cessation of use or withdrawal of the specified psychoactive substance, or if there is other evidence of a pre-existing primary mental disorder with impulse control symptoms (e.g., a history of prior episodes not associated with specified psychoactive substance use).

Note: Code also the underlying condition

6C4E.Y **Other specified disorders due to use of other specified psychoactive substances, including medications**

Note: Code also the underlying condition

6C4E.Z **Disorders due to use of other specified psychoactive substances, including medications, unspecified**

Note: Code also the underlying condition

6C4F **Disorders due to use of multiple specified psychoactive substances, including medications**

Disorders due to use of multiple specified psychoactive substances, including medications are characterised by the pattern and consequences of multiple specified psychoactive substance use. In addition to Intoxication due to multiple specified psychoactive substances, multiple specified substances have dependence-inducing properties, resulting in Multiple specified psychoactive substances dependence in some people and Multiple specified psychoactive substances withdrawal when use is reduced or discontinued. Multiple specified psychoactive substances are implicated in a wide range of harms affecting most organs and systems of the body, which may be classified as Single episode of harmful use of multiple specified psychoactive substances and Harmful pattern of use of multiple specified psychoactive substances. Harm to others resulting from behaviour during Intoxication due to multiple specified psychoactive substances is included in the definitions of Harmful use of multiple specified psychoactive substances. Several multiple specified psychoactive substances-induced mental disorders are recognised.

Note: Code also the underlying condition

6C4F.0 Single episode of harmful use of multiple specified psychoactive substances

A single episode of use of multiple specified psychoactive substances or medications that are not included in the other substance classes specifically identified under Disorder Due to Substance Use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to multiple substance intoxication or psychoactive medication use (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behavior due to multiple substance intoxication or psychoactive medication use on the part of the person to whom the diagnosis of single episode of harmful use of multiple specified psychoactive substances applies. This diagnosis should not be made if the harm is attributed to a known pattern of use of the multiple psychoactive substances.

Exclusions: Harmful pattern of use of multiple specified psychoactive substances (6C4F.1)

Multiple specified psychoactive substances dependence (6C4F.2)

6C4F.1 **Harmful pattern of use of multiple specified psychoactive substances**

A pattern of use of a multiple specified psychoactive substances or medications that are not included in the other substance classes specifically identified under Disorders Due to Substance Use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of substance use is evident over a period of at least 12 months if use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to multiple substance intoxication or psychoactive medication use; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to multiple substance intoxication or psychoactive medication use on the part of the person to whom the diagnosis of Harmful pattern of use of multiple specified psychoactive substances applies.

Exclusions: Single episode of harmful use of multiple specified psychoactive substances (6C4F.0)

Multiple specified psychoactive substances dependence (6C4F.2)

6C4F.10 Harmful pattern of use of multiple specified psychoactive substances, episodic

A pattern of episodic or intermittent use of a specified psychoactive substance or medication that is not included in the other substance classes specifically identified under Disorders Due to Substance Use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic substance use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to intoxication due to the specified substance or medication on the part of the person to whom the diagnosis of Harmful pattern of use of other specified psychoactive substance applies.

Exclusions: Single episode of harmful use of multiple specified psychoactive substances (6C4F.0)

Multiple specified psychoactive substances dependence (6C4F.2)

6C4F.11 Harmful pattern of use of multiple specified psychoactive substances, continuous

A pattern of continuous (daily or almost daily) use of a multiple specified psychoactive substance or medication that is not included in the other substance classes specifically identified under Disorders Due to Substance Use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous substance use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to multiple substance intoxication or psychoactive medication use; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to multiple substance intoxication or psychoactive medication use on the part of the person to whom the diagnosis of Harmful pattern of multiple specified psychoactive substances applies.

Exclusions: Single episode of harmful use of multiple specified psychoactive substances (6C4F.0)

Multiple specified psychoactive substances dependence (6C4F.2)

6C4F.1Z Harmful pattern of use of multiple specified psychoactive substances, unspecified

6C4F.2 **Multiple specified psychoactive substances dependence**

Multiple specified psychoactive substances dependence is a disorder of regulation of use of multiple specified substances arising from repeated or continuous use of the specified substances. The characteristic feature is a strong internal drive to use the specified substances, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use the specified substances. Physiological features of dependence may also be present, including tolerance to the effects of the specified substances, withdrawal symptoms following cessation or reduction in use of the specified substances, or repeated use of the specified substances or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if use of the specified substances is continuous (daily or almost daily) for at least 1 month.

Exclusions: Single episode of harmful use of multiple specified psychoactive substances (6C4F.0)

Harmful pattern of use of multiple specified psychoactive substances (6C4F.1)

6C4F.20 Multiple specified psychoactive substances dependence, current use

Exclusions: Single episode of harmful use of multiple specified psychoactive substances (6C4F.0)

Harmful pattern of use of multiple specified psychoactive substances (6C4F.1)

6C4F.21 Multiple specified psychoactive substances dependence, early full remission

Exclusions: Single episode of harmful use of multiple specified psychoactive substances (6C4F.0)

Harmful pattern of use of multiple specified psychoactive substances (6C4F.1)

6C4F.22 Multiple specified psychoactive substances dependence, sustained partial remission

Exclusions: Single episode of harmful use of multiple specified psychoactive substances (6C4F.0)

Harmful pattern of use of multiple specified psychoactive substances (6C4F.1)

6C4F.23 Multiple specified psychoactive substances dependence, sustained full remission

Exclusions: Single episode of harmful use of multiple specified psychoactive substances (6C4F.0)

Harmful pattern of use of multiple specified psychoactive substances (6C4F.1)

6C4F.2Z Multiple specified psychoactive substances dependence, unspecified

6C4F.3 **Intoxication due to multiple specified psychoactive substances**

Intoxication due to multiple specified psychoactive substances is a clinically significant transient condition that develops during or shortly after the consumption of multiple specified substances or medications that is characterized by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of the multiple specified psychoactive substances and their intensity is closely related to the amount of the substances consumed. They are time-limited and abate as the multiple specified substances are cleared from the body.

Note: Code also the underlying condition

6C4F.4 **Multiple specified psychoactive substances withdrawal**

Multiple specified psychoactive substance withdrawal is a clinically significant cluster of symptoms, behaviours and physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of multiple specified substances in individuals who have developed dependence or have used the specified substances for a prolonged period or in large amounts. Multiple specified psychoactive substance withdrawal can also occur when prescribed psychoactive medications have been used in standard therapeutic doses. The specific features of the withdrawal state depend on the pharmacological properties of the specified substances and their interactions.

Note: Code also the underlying condition

6C4F.40 Multiple specified psychoactive substances withdrawal, uncomplicated

Note: Code also the underlying condition

6C4F.41 Multiple specified psychoactive substances withdrawal, with perceptual disturbances

Note: Code also the underlying condition

6C4F.42 Multiple specified psychoactive substances withdrawal, with seizures

Note: Code also the underlying condition

6C4F.43 Multiple specified psychoactive substances withdrawal, with perceptual disturbances and seizures

Note: Code also the underlying condition

6C4F.4Y Other specified multiple specified psychoactive substances withdrawal

Note: Code also the underlying condition

6C4F.4Z Multiple specified psychoactive substances withdrawal, unspecified

Note: Code also the underlying condition

6C4F.5 **Delirium induced by multiple specified psychoactive substances including medications**

Delirium induced by multiple specified psychoactive substances is characterized by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of multiple specified substances. The amount and duration of use of the multiple specified substances must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a substance other than those specified, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Note: Code also the underlying condition

6C4F.6 **Psychotic disorder induced by multiple specified psychoactive substances**

Psychotic disorder induced by multiple specified psychoactive substances is characterized by psychotic symptoms (e.g., delusions, hallucinations, disorganized thinking, grossly disorganized behaviour) that develop during or soon after intoxication with or withdrawal from multiple specified psychoactive substances. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of intoxication with or withdrawal from multiple specified psychoactive substances. The amount and duration of use of the multiple specified psychoactive substances must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the use of the multiple specified psychoactive substances, if the symptoms persist for a substantial period of time after cessation of the use of the multiple specified psychoactive substances or withdrawal from the multiple specified psychoactive substances, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with the use of the multiple specified psychoactive substances).

Note: Code also the underlying condition

6C4F.7 **Other multiple specified psychoactive substances-induced disorders**

Note: Code also the underlying condition

6C4F.70 Mood disorder induced by multiple specified psychoactive substances

Mood disorder induced by multiple specified psychoactive substances is characterized by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from multiple specified psychoactive substances. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of intoxication with or withdrawal from multiple specified psychoactive substances. The amount and duration of use of the multiple specified psychoactive substances must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the use of the multiple specified psychoactive substances, if the symptoms persist for a substantial period of time after cessation of the use of the multiple specified psychoactive substances or withdrawal from the multiple specified psychoactive substances, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with the use of the multiple specified psychoactive substances).

Note: Code also the underlying condition

6C4F.71 Anxiety disorder induced by multiple specified psychoactive substances

Anxiety disorder induced by multiple specified psychoactive substances is characterized by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from multiple specified psychoactive substances. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of intoxication with or withdrawal from multiple specified psychoactive substances. The amount and duration of use of the multiple specified psychoactive substances must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and fear-related disorder, a Depressive disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the use of the multiple specified psychoactive substances, if the symptoms persist for a substantial period of time after cessation of the use of the multiple specified psychoactive substances or withdrawal from the multiple specified psychoactive substances, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with the use of the multiple specified psychoactive substances).

Note: Code also the underlying condition

6C4F.72 Obsessive-compulsive or related disorder induced by multiple specified psychoactive substances

Obsessive-compulsive or related disorder induced by multiple specified psychoactive substances is characterized by either repetitive intrusive thoughts or preoccupations, normally associated with anxiety and typically accompanied by repetitive behaviours performed in response, or by recurrent and habitual actions directed at the integument (e.g., hair pulling, skin picking) that develop during or soon after intoxication with or withdrawal from multiple specified psychoactive substances. The intensity or duration of the symptoms is substantially in excess of analogous disturbances that are characteristic of intoxication with or withdrawal from the multiple specified psychoactive substances. The amount and duration of the multiple specified psychoactive substances use must be capable of producing obsessive-compulsive or related symptoms. The symptoms are not better explained by a primary mental disorder (in particular an Obsessive-compulsive or related disorder), as might be the case if the symptoms preceded the onset of the use of multiple specified psychoactive substances, if the symptoms persist for a substantial period of time after cessation of the multiple specified psychoactive substance use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with obsessive-compulsive or related symptoms (e.g., a history of prior episodes not associated with multiple specified psychoactive substances use).

Note: Code also the underlying condition

6C4F.73 Impulse control syndrome induced by multiple specified psychoactive substances

Impulse control disorder induced by multiple specified psychoactive substances is characterized by persistently repeated behaviours in which there is recurrent failure to resist an impulse, drive, or urge to perform an act that is rewarding to the person, at least in the short-term, despite longer-term harm either to the individual or to others (e.g., fire setting or stealing without apparent motive, repetitive sexual behaviour, aggressive outbursts) that develop during or soon after intoxication with or withdrawal from multiple specified psychoactive substances. The intensity or duration of the symptoms is substantially in excess of disturbances of impulse control that are characteristic of intoxication with or withdrawal from the multiple specified psychoactive substances. The amount and duration of the multiple specified psychoactive substances use must be capable of producing disturbances of impulse control. The symptoms are not better explained by a primary mental disorder (e.g., an Impulse control disorder, a Disorder due to addictive behaviours), as might be the case if the impulse control disturbances preceded the onset of the use of multiple specified psychoactive substances, if the symptoms persist for a substantial period of time after cessation of the multiple specified psychoactive substance use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with impulse control symptoms (e.g., a history of prior episodes not associated with multiple specified psychoactive substances use).

Note: Code also the underlying condition

6C4F.Y **Other specified disorders due to use of multiple specified psychoactive substances, including medications**

Note: Code also the underlying condition

6C4F.Z **Disorders due to use of multiple specified psychoactive substances, including medications, unspecified**

Note: Code also the underlying condition

6C4G Disorders due use of unknown or unspecified psychoactive substances

Disorders due to use of unknown or unspecified psychoactive substances are characterized by the pattern and consequences of unknown or unspecified psychoactive substance use. In addition to Intoxication due to unknown or unspecified psychoactive substance, unknown or unspecified psychoactive substances have dependence-inducing properties, resulting in Unknown or unspecified psychoactive substance dependence in some people and Withdrawal due to unknown or unspecified psychoactive substance when use is reduced or discontinued. Unknown or unspecified psychoactive substances are implicated in a wide range of harms affecting most organs and systems of the body, which may be classified as Single episode of harmful use of unknown or unspecified psychoactive substances and Harmful pattern of use of unknown or unspecified psychoactive substance. Harm to others resulting from behaviour during Intoxication due to unknown or unspecified psychoactive substance is included in the definitions of Harmful use of unknown or unspecified psychoactive substance. Several unspecified psychoactive substance-induced mental disorders are recognised.

Note: Code also the underlying condition

6C4G.0 Single episode of harmful use of unknown or unspecified psychoactive substances

A single episode of use of an unknown or unspecified psychoactive substance that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication or withdrawal; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behavior due to substance intoxication or withdrawal on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of use of the unknown or unspecified psychoactive substance.

Exclusions: Harmful pattern of use of unknown or unspecified psychoactive substance (6C4G.1)

Unknown or unspecified psychoactive substance dependence (6C4G.2)

6C4G.1 **Harmful pattern of use of unknown or unspecified psychoactive substance**

A pattern of use of an unknown or unspecified psychoactive substance that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of substance use is evident over a period of at least 12 months if use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to substance intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of unknown or unspecified psychoactive substance applies.

Exclusions: Single episode of harmful use of unknown or unspecified psychoactive substances (6C4G.0)

Unknown or unspecified psychoactive substance dependence (6C4G.2)

6C4G.10 Harmful pattern of use of unknown or unspecified psychoactive substance, episodic

A pattern of episodic or intermittent use of an unknown or unspecified psychoactive substance that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic substance use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to substance intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of unknown or unspecified psychoactive substance applies.

Exclusions: Single episode of harmful use of unknown or unspecified psychoactive substances (6C4G.0)

Unknown or unspecified psychoactive substance dependence (6C4G.2)

6C4G.11 Harmful pattern of use of unknown or unspecified psychoactive substance, continuous

A pattern of continuous (daily or almost daily) use of an unknown or unspecified psychoactive substance that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous substance use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to substance intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of unknown or unspecified psychoactive substance applies.

Exclusions: Single episode of harmful use of unknown or unspecified psychoactive substances (6C4G.0)

Unknown or unspecified psychoactive substance dependence (6C4G.2)

6C4G.1Z Harmful pattern of use of unknown or unspecified psychoactive substance, unspecified

6C4G.2 Unknown or unspecified psychoactive substance dependence

Unknown or unspecified psychoactive substance dependence is a disorder of regulation of use of an unknown or unspecified substance arising from repeated or continuous use of the substance. The characteristic feature is a strong internal drive to use the unknown or unspecified substance, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use the unknown or unspecified substance. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if use of the unknown or unspecified substance is continuous (daily or almost daily) for at least 1 month.

Exclusions: Single episode of harmful use of unknown or unspecified psychoactive substances (6C4G.0)

Harmful pattern of use of unknown or unspecified psychoactive substance (6C4G.1)

6C4G.20 Unknown or unspecified psychoactive substance dependence, current use

Current dependence on an unknown or unspecified psychoactive substance, with use of the substance within the past month.

Exclusions: Single episode of harmful use of unknown or unspecified psychoactive substances (6C4G.0)

Harmful pattern of use of unknown or unspecified psychoactive substance (6C4G.1)

6C4G.21 Unknown or unspecified psychoactive substance dependence, early full remission

After a diagnosis of Unknown or unspecified psychoactive substance dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from the substance during a period lasting from between 1 and 12 months.

Exclusions: Single episode of harmful use of unknown or unspecified psychoactive substances (6C4G.0)

Harmful pattern of use of unknown or unspecified psychoactive substance (6C4G.1)

6C4G.22 Unknown or unspecified psychoactive substance dependence, sustained partial remission

After a diagnosis of Unknown or unspecified psychoactive substance dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in consumption of the substance for more than 12 months, such that even though intermittent or continuing use of the substance has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Single episode of harmful use of unknown or unspecified psychoactive substances (6C4G.0)

Harmful pattern of use of unknown or unspecified psychoactive substance (6C4G.1)

6C4G.23 Unknown or unspecified psychoactive substance dependence, sustained full remission

After a diagnosis of Unknown or unspecified psychoactive substance dependence, sustained full remission, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from the substance for 12 months or longer.

Exclusions: Single episode of harmful use of unknown or unspecified psychoactive substances (6C4G.0)

Harmful pattern of use of unknown or unspecified psychoactive substance (6C4G.1)

6C4G.2Z Unknown or unspecified psychoactive substance dependence, substance and state of remission unspecified

6C4G.3 **Intoxication due to unknown or unspecified psychoactive substance**

Intoxication due to unknown or unspecified psychoactive substance is a transient condition that develops during or shortly after the administration of an unknown or unspecified psychoactive substance that is characterized by disturbances in level of consciousness, cognition, perception, affect or behavior, or other psychophysiological functions and responses. This diagnosis should be made only when there is strong evidence that an unidentified substance has been taken and the features cannot be accounted for by another disorder or disease.

Note: Code also the underlying condition

6C4G.4 **Withdrawal due to unknown or unspecified psychoactive substance**

Withdrawal due to unknown or unspecified psychoactive substance is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of an unknown or unspecified substance in individuals who have developed dependence or have used the unknown or unspecified substance for a prolonged period or in large amounts. Withdrawal due to unknown or unspecified psychoactive substance can also occur when prescribed psychoactive medications have been used in standard therapeutic doses. The specific features of the withdrawal state depend on the pharmacological properties of the unknown or unspecified substance.

Note: Code also the underlying condition

6C4G.40 Withdrawal due to unknown or unspecified psychoactive substance, uncomplicated

All diagnostic requirements for Withdrawal due to unknown or unspecified psychoactive substance are met and the withdrawal state is not accompanied by perceptual disturbances or seizures.

Note: Code also the underlying condition

6C4G.41 Withdrawal due to unknown or unspecified psychoactive substance, with perceptual disturbances

All diagnostic requirements for Withdrawal due to unknown or unspecified psychoactive substance are met and the withdrawal state is accompanied by perceptual disturbances (e.g., visual or tactile hallucinations or illusions) with intact reality testing. There is no evidence of confusion and other diagnostic requirements for Delirium are not met. The withdrawal state is not accompanied by seizures.

Note: Code also the underlying condition

6C4G.42 Withdrawal due to unknown or unspecified psychoactive substance, with seizures

All diagnostic requirements for Withdrawal due to unknown or unspecified psychoactive substance are met and the withdrawal state is accompanied by seizures (i.e., generalized tonic-clonic seizures) but not by perceptual disturbances.

Note: Code also the underlying condition

6C4G.43 Withdrawal due to unknown or unspecified psychoactive, with perceptual disturbances and seizures

The development of a withdrawal syndrome accompanied by both perceptual disturbances and seizures following cessation or reduction of use of the unknown or unspecified substance.

Note: Code also the underlying condition

6C4G.4Z Withdrawal due to unknown or unspecified psychoactive substance, unspecified

Note: Code also the underlying condition

6C4G.5 **Delirium induced by unknown or unspecified psychoactive substance**

Delirium induced by unknown or unspecified psychoactive substance is characterized by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of an unknown or unspecified substance. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from another substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Note: Code also the underlying condition

6C4G.6 **Psychotic disorder induced by unknown or unspecified psychoactive substance**

Psychotic disorder induced by unknown or unspecified psychoactive substance is characterized by psychotic symptoms (e.g., delusions, hallucinations, disorganized thinking, grossly disorganized behaviour) that develop during or soon after intoxication with or withdrawal from an unknown or unspecified psychoactive substance. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the use of the unknown or unspecified psychoactive substance, if the symptoms persist for a substantial period of time after cessation of the use of the unknown or unspecified psychoactive substance or withdrawal from the unknown or unspecified psychoactive substance, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with the use of the unknown or unspecified psychoactive substance).

Note: Code also the underlying condition

6C4G.7 **Other unknown or unspecified psychoactive substance-induced disorders**

Note: Code also the underlying condition

6C4G.70 Mood disorder induced by unknown or unspecified psychoactive substance

Mood disorder induced by unknown or unspecified psychoactive substance is characterized by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from a specified psychoactive substance. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the use of the unknown or unspecified psychoactive substance, if the symptoms persist for a substantial period of time after cessation of the use of the unknown or unspecified psychoactive substance or withdrawal from the unknown or unspecified psychoactive substance, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with the use of the unknown or unspecified psychoactive substance).

Note: Code also the underlying condition

6C4G.71 Anxiety disorder induced by unknown or unspecified psychoactive substance

Anxiety disorder induced by unknown or unspecified psychoactive substance is characterized by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from an unknown or unspecified psychoactive substance. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and fear-related disorder, a Depressive disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the use of the unknown or unspecified psychoactive substance, if the symptoms persist for a substantial period of time after cessation of the use of the unknown or unspecified psychoactive substance or withdrawal from the unknown or unspecified psychoactive substance, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with the use of the unknown or unspecified psychoactive substance).

Note: Code also the underlying condition

6C4G.72 Obsessive-compulsive or related disorder induced by unknown or unspecified psychoactive substance

Obsessive-compulsive or related disorder induced by unknown or unspecified psychoactive substance is characterized by either repetitive intrusive thoughts or preoccupations, normally associated with anxiety and typically accompanied by repetitive behaviours performed in response, or by recurrent and habitual actions directed at the integument (e.g., hair pulling, skin picking) that develop during or soon after intoxication with or withdrawal from an unknown or unspecified psychoactive substance. The symptoms are not better explained by a primary mental disorder (in particular an Obsessive-compulsive or related disorder), as might be the case if the symptoms preceded the onset of the unknown or unspecified psychoactive substance use, if the symptoms persist for a substantial period of time after cessation of use or withdrawal of the unknown or unspecified psychoactive substance, or if there is other evidence of a pre-existing primary mental disorder with obsessive-compulsive or related symptoms (e.g., a history of prior episodes not associated with the unknown or unspecified psychoactive substance use).

Note: Code also the underlying condition

6C4G.73 Impulse control disorder induced by unknown or unspecified psychoactive substance

Impulse control disorder induced by unknown or unspecified psychoactive substance is characterized by persistently repeated behaviours in which there is recurrent failure to resist an impulse, drive, or urge to perform an act that is rewarding to the person, at least in the short-term, despite longer-term harm either to the individual or to others (e.g., fire setting or stealing without apparent motive, repetitive sexual behaviour, aggressive outbursts) that develop during or soon after intoxication with or withdrawal from an unknown or unspecified psychoactive substance. The symptoms are not better explained by a primary mental disorder (e.g., an Impulse control disorder, a Disorder due to addictive behaviours), as might be the case if the impulse control disturbances preceded the onset of the unknown or unspecified psychoactive substance use, if the symptoms persist for a substantial period of time after cessation of use or withdrawal of the unknown or unspecified psychoactive substance, or if there is other evidence of a pre-existing primary mental disorder with impulse control symptoms (e.g., a history of prior episodes not associated with the unknown or unspecified psychoactive substance use).

Note: Code also the underlying condition

6C4G.Y **Other specified disorders due use of unknown or unspecified psychoactive substances**

Note: Code also the underlying condition

6C4G.Z **Disorders due use of unknown or unspecified psychoactive substances, unspecified**

Note: Code also the underlying condition

6C4H Disorders due to use of non-psychoactive substances

Disorders due to use of non-psychoactive substances are characterized by the pattern and consequences of non-psychoactive substance use. Non-psychoactive substances are implicated in a wide range of harms affecting most organs and systems of the body, which may be classified as Single episode of harmful non-psychoactive substance use and Harmful pattern of non-psychoactive substance use.

6C4H.0 **Single episode of harmful use of non-psychoactive substances**

A single episode of use of a non-psychoactive substance that has caused damage to a person's physical or mental health. Harm to health of the individual occurs due to direct or secondary toxic effects on body organs and systems or a harmful route of administration. This diagnosis should not be made if the harm is attributed to a known pattern of non-psychoactive substance use.

Exclusions: Harmful pattern of use of non-psychoactive substances (6C4H.1)

6C4H.1 **Harmful pattern of use of non-psychoactive substances**

A pattern of use of non-psychoactive substances that has caused clinically significant harm to a person's physical or mental health. The pattern of use is evident over a period of at least 12 months if use is episodic and at least one month if use is continuous (i.e., daily or almost daily). Harm may be caused by the direct or secondary toxic effects of the substance on body organs and systems, or a harmful route of administration.

Inclusions:

abuse of antacids

abuse of herbal or folk remedies

abuse of hormones

abuse of vitamins

laxative habit

Exclusions:

Harmful pattern of use of other specified psychoactive substance (6C4E.1)

Single episode of harmful use of non-psychoactive substances (6C4H.0)

6C4H.10 Harmful pattern of use of non-psychoactive substances, episodic

A pattern of episodic or intermittent use of a non-psychoactive substance that has caused damage to a person's physical or mental health. The pattern of episodic or intermittent use of the non-psychoactive substance is evident over a period of at least 12 months. Harm may be caused by the direct or secondary toxic effects on body organs and systems, or a harmful route of administration.

6C4H.11 Harmful pattern of use of non-psychoactive substances, continuous

A pattern of continuous use of a non-psychoactive substance (daily or almost daily) that has caused damage to a person's physical or mental health. The pattern of continuous use of the non-psychoactive substance is evident over a period of at least one month. Harm may be caused by the direct or secondary toxic effects on body organs and systems, or a harmful route of administration.

6C4H.1Z Harmful pattern of use of non-psychoactive substances, unspecified

6C4H.Y **Other specified disorders due to use of non-psychoactive substances**

6C4H.Z **Disorders due to use of non-psychoactive substances, unspecified**

6C4Y **Other specified disorders due to substance use**

6C4Z **Disorders due to substance use, unspecified**

Disorders due to addictive behaviours (BlockL2-6C5)

Disorders due to addictive behaviours are recognizable and clinically significant syndromes associated with distress or interference with personal functions that develop as a result of repetitive rewarding behaviours other than the use of dependence-producing substances. Disorders due to addictive behaviors include gambling disorder and gaming disorder, which may involve both online and offline behaviour.

6C50 Gambling disorder

Gambling disorder is characterized by a pattern of persistent or recurrent gambling behaviour, which may be online (i.e., over the internet) or offline, manifested by: 1) impaired control over gambling (e.g., onset, frequency, intensity, duration, termination, context); 2) increasing priority given to gambling to the extent that gambling takes precedence over other life interests and daily activities; and 3) continuation or escalation of gambling despite the occurrence of negative consequences. The behaviour pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning. The pattern of gambling behaviour may be continuous or episodic and recurrent. The gambling behaviour and other features are normally evident over a period of at least 12 months in order for a diagnosis to be assigned, although the required duration may be shortened if all diagnostic requirements are met and symptoms are severe.

Inclusions: Compulsive gambling

Exclusions: Bipolar type I disorder (6A60)

Bipolar type II disorder (6A61)

Hazardous gambling or betting (QE21)

6C50.0 Gambling disorder, predominantly offline

Gambling disorder, predominantly offline is characterized by a pattern of persistent or recurrent gambling behaviour that is not primarily conducted over the internet and is manifested by: 1) impaired control over gambling (e.g., onset, frequency, intensity, duration, termination, context); 2) increasing priority given to gambling to the extent that gambling takes precedence over other life interests and daily activities; and 3) continuation or escalation of gambling despite the occurrence of negative consequences. The behaviour pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning. The pattern of gambling behaviour may be continuous or episodic and recurrent. The gambling behaviour and other features are normally evident over a period of at least 12 months in order for a diagnosis to be assigned, although the required duration may be shortened if all diagnostic requirements are met and symptoms are severe.

Exclusions: Hazardous gambling or betting (QE21)

6C50.1 Gambling disorder, predominantly online

Gambling disorder, predominantly online is characterized by a pattern of persistent or recurrent gambling behaviour that is primarily conducted over the internet and is manifested by: 1) impaired control over gambling (e.g., onset, frequency, intensity, duration, termination, context); 2) increasing priority given to gambling to the extent that gambling takes precedence over other life interests and daily activities; and 3) continuation or escalation of gambling despite the occurrence of negative consequences. The behaviour pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning. The pattern of gambling behaviour may be continuous or episodic and recurrent. The gambling behaviour and other features are normally evident over a period of at least 12 months in order for a diagnosis to be assigned, although the required duration may be shortened if all diagnostic requirements are met and symptoms are severe.

Exclusions: Hazardous gambling or betting (QE21)

6C50.Z Gambling disorder, unspecified

6C51 Gaming disorder

Gaming disorder is characterized by a pattern of persistent or recurrent gaming behaviour ('digital gaming' or 'video-gaming'), which may be online (i.e., over the internet) or offline, manifested by: 1) impaired control over gaming (e.g., onset, frequency, intensity, duration, termination, context); 2) increasing priority given to gaming to the extent that gaming takes precedence over other life interests and daily activities; and 3) continuation or escalation of gaming despite the occurrence of negative consequences. The behaviour pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning. The pattern of gaming behaviour may be continuous or episodic and recurrent. The gaming behaviour and other features are normally evident over a period of at least 12 months in order for a diagnosis to be assigned, although the required duration may be shortened if all diagnostic requirements are met and symptoms are severe.

Exclusions: Hazardous gaming (QE22)

Bipolar type I disorder (6A60)

Bipolar type II disorder (6A61)

6C51.0 Gaming disorder, predominantly online

Gaming disorder, predominantly online is characterized by a pattern of persistent or recurrent gaming behaviour ('digital gaming' or 'video-gaming') that is primarily conducted over the internet and is manifested by: 1) impaired control over gaming (e.g., onset, frequency, intensity, duration, termination, context); 2) increasing priority given to gaming to the extent that gaming takes precedence over other life interests and daily activities; and 3) continuation or escalation of gaming despite the occurrence of negative consequences. The behaviour pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning. The pattern of gaming behaviour may be continuous or episodic and recurrent. The gaming behaviour and other features are normally evident over a period of at least 12 months in order for a diagnosis to be assigned, although the required duration may be shortened if all diagnostic requirements are met and symptoms are severe.

6C51.1 **Gaming disorder, predominantly offline**

Gaming disorder, predominantly offline is characterized by a pattern of persistent or recurrent gaming behaviour ('digital gaming' or 'video-gaming') that is not primarily conducted over the internet and is manifested by: 1) impaired control over gaming (e.g., onset, frequency, intensity, duration, termination, context); 2) increasing priority given to gaming to the extent that gaming takes precedence over other life interests and daily activities; and 3) continuation or escalation of gaming despite the occurrence of negative consequences. The behaviour pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning. The pattern of gaming behaviour may be continuous or episodic and recurrent. The gaming behaviour and other features are normally evident over a period of at least 12 months in order for a diagnosis to be assigned, although the required duration may be shortened if all diagnostic requirements are met and symptoms are severe.

6C51.Z **Gaming disorder, unspecified**

6C5Y Other specified disorders due to addictive behaviours

6C5Z Disorders due to addictive behaviours, unspecified

Impulse control disorders (BlockL1-6C7)

Impulse control disorders are characterized by the repeated failure to resist an impulse, drive, or urge to perform an act that is rewarding to the person, at least in the short-term, despite consequences such as longer-term harm either to the individual or to others, marked distress about the behaviour pattern, or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. Impulse Control Disorders involve a range of specific behaviours, including fire-setting, stealing, sexual behaviour, and explosive outbursts.

Coded Elsewhere: Substance-induced impulse control disorders

Gambling disorder (6C50)

Gaming disorder (6C51)

Secondary impulse control syndrome (6E66)

Body-focused repetitive behaviour disorders (6B25)

6C70 Pyromania

Pyromania is characterized by a recurrent failure to control strong impulses to set fires, resulting in multiple acts of, or attempts at, setting fire to property or other objects, in the absence of an intelligible motive (e.g., monetary gain, revenge, sabotage, political statement, attracting attention or recognition). There is an increasing sense of tension or affective arousal prior to instances of fire setting, persistent fascination or preoccupation with fire and related stimuli (e.g., watching fires, building fires, fascination with firefighting equipment), and a sense of pleasure, excitement, relief or gratification during, and immediately after the act of setting the fire, witnessing its effects, or participating in its aftermath. The behaviour is not better explained by intellectual impairment, another mental and behavioural disorder, or substance intoxication.

Inclusions: pathological fire-setting

Exclusions: Conduct-dissocial disorder (6C91)

Bipolar type I disorder (6A60)

Schizophrenia or other primary psychotic disorders (BlockL1-6A2)

Fire-setting as the reason for observation for suspected mental or behavioural disorders, ruled out (QA02.3)

6C71 Kleptomania

Kleptomania is characterized by a recurrent failure to control strong impulses to steal objects in the absence of an intelligible motive (e.g., objects are not acquired for personal use or monetary gain). There is an increasing sense of tension or affective arousal before instances of theft and a sense of pleasure, excitement, relief, or gratification during and immediately after the act of stealing. The behaviour is not better explained by intellectual impairment, another mental and behavioural disorder, or substance intoxication.

Note: If stealing occurs within the context of conduct-dissocial disorder or a manic episode, Kleptomania should not be diagnosed separately.

Inclusions: pathological stealing

Exclusions: shoplifting as the reason for observation for suspected mental disorder, ruled out (QA02.3)

6C72 **Compulsive sexual behaviour disorder**

Compulsive sexual behaviour disorder is characterized by a persistent pattern of failure to control intense, repetitive sexual impulses or urges resulting in repetitive sexual behaviour. Symptoms may include repetitive sexual activities becoming a central focus of the person's life to the point of neglecting health and personal care or other interests, activities and responsibilities; numerous unsuccessful efforts to significantly reduce repetitive sexual behaviour; and continued repetitive sexual behaviour despite adverse consequences or deriving little or no satisfaction from it. The pattern of failure to control intense, sexual impulses or urges and resulting repetitive sexual behaviour is manifested over an extended period of time (e.g., 6 months or more), and causes marked distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. Distress that is entirely related to moral judgments and disapproval about sexual impulses, urges, or behaviours is not sufficient to meet this requirement.

Exclusions: Paraphilic disorders (BlockL1-6D3)

6C73 **Intermittent explosive disorder**

Intermittent explosive disorder is characterized by repeated brief episodes of verbal or physical aggression or destruction of property that represent a failure to control aggressive impulses, with the intensity of the outburst or degree of aggressiveness being grossly out of proportion to the provocation or precipitating psychosocial stressors. The symptoms are not better explained by another mental, behavioural, or neurodevelopmental disorder and are not part of a pattern of chronic anger and irritability (e.g., in oppositional defiant disorder). The behaviour pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Exclusions: Oppositional defiant disorder (6C90)

6C7Y **Other specified impulse control disorders**

6C7Z **Impulse control disorders, unspecified**

Disruptive behaviour or dissocial disorders (BlockL1-6C9)

Disruptive behaviour and dissocial disorders are characterized by persistent behaviour problems that range from markedly and persistently defiant, disobedient, provocative or spiteful (i.e., disruptive) behaviours to those that persistently violate the basic rights of others or major age-appropriate societal norms, rules, or laws (i.e., dissocial). Onset of Disruptive and dissocial disorders is commonly, though not always, during childhood.

6C90 Oppositional defiant disorder

Oppositional defiant disorder is a persistent pattern (e.g., 6 months or more) of markedly defiant, disobedient, provocative or spiteful behaviour that occurs more frequently than is typically observed in individuals of comparable age and developmental level and that is not restricted to interaction with siblings. Oppositional defiant disorder may be manifest in prevailing, persistent angry or irritable mood, often accompanied by severe temper outbursts or in headstrong, argumentative and defiant behaviour. The behavior pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning

6C90.0 Oppositional defiant disorder with chronic irritability-anger

All definitional requirements for oppositional defiant disorder are met. This form of oppositional defiant disorder is characterized by prevailing, persistent angry or irritable mood that may be present independent of any apparent provocation. The negative mood is often accompanied by regularly occurring severe temper outbursts that are grossly out of proportion in intensity or duration to the provocation. Chronic irritability and anger are characteristic of the individual's functioning nearly every day, are observable across multiple settings or domains of functioning (e.g., home, school, social relationships), and are not restricted to the individual's relationship with his/her parents or guardians. The pattern of chronic irritability and anger is not limited to occasional episodes (e.g., developmentally typical irritability) or discrete periods (e.g., irritable mood in the context of manic or depressive episodes).

6C90.00 Oppositional defiant disorder with chronic irritability-anger with limited prosocial emotions

All definitional requirements for oppositional defiant disorder with chronic irritability-anger are met. In addition, the individual exhibits characteristics that are sometimes referred to as 'callous and unemotional'. These characteristics include a lack of empathy or sensitivity to the feelings of others and a lack of concern for others' distress; a lack of remorse, shame or guilt over their own behaviour (unless prompted by being apprehended), a relative indifference to the probability of punishment; a lack of concern over poor performance in school or work; and limited expression of emotions, particularly positive or loving feelings toward others, or only doing so in ways that seem shallow, insincere, or instrumental.

6C90.01 Oppositional defiant disorder with chronic irritability-anger with typical prosocial emotions

All definitional requirements for oppositional defiant disorder with chronic irritability-anger are met. The individual does not exhibit characteristics referred to as 'callous and unemotional', such as lack of empathy or sensitivity to the feelings of others and a lack of concern for others' distress.

6C90.0Z Oppositional defiant disorder with chronic irritability-anger, unspecified

6C90.1 **Oppositional defiant disorder without chronic irritability-anger**

Meets all definitional requirements for oppositional defiant disorder. This form of oppositional defiant disorder is not characterized by prevailing, persistent, angry or irritable mood, but does feature headstrong, argumentative, and defiant behavior.

6C90.10 Oppositional defiant disorder without chronic irritability-anger with limited prosocial emotions

All definitional requirements for oppositional defiant disorder without chronic irritability-anger are met. In addition, the individual exhibits characteristics that are sometimes referred to as 'callous and unemotional'. These characteristics include a lack of empathy or sensitivity to the feelings of others and a lack of concern for others' distress; a lack of remorse, shame or guilt over their own behaviour (unless prompted by being apprehended), a relative indifference to the probability of punishment; a lack of concern over poor performance in school or work; and limited expression of emotions, particularly positive or loving feelings toward others, or only doing so in ways that seem shallow, insincere, or instrumental. This pattern is pervasive across situations and relationships (i.e., the qualifier should not be applied based on a single characteristic, a single relationship, or a single instance of behaviour) and is pattern is persistent over time (e.g., at least 1 year).

6C90.11 Oppositional defiant disorder without chronic irritability-anger with typical prosocial emotions

All definitional requirements for oppositional defiant disorder without chronic irritability-anger are met. The individual does not exhibit characteristics referred to as 'callous and unemotional', such as lack of empathy or sensitivity to the feelings of others and a lack of concern for others' distress.

6C90.1Z Oppositional defiant disorder without chronic irritability-anger, unspecified

6C90.Z **Oppositional defiant disorder, unspecified**

6C91 Conduct-dissocial disorder

Conduct-dissocial disorder is characterized by a repetitive and persistent pattern of behaviour in which the basic rights of others or major age-appropriate societal norms, rules, or laws are violated such as aggression towards people or animals; destruction of property; deceitfulness or theft; and serious violations of rules. The behaviour pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning. To be diagnosed, the behaviour pattern must be enduring over a significant period of time (e.g., 12 months or more). Isolated dissocial or criminal acts are thus not in themselves grounds for the diagnosis.

6C91.0 **Conduct-dissocial disorder, childhood onset**

Conduct-dissocial disorder, childhood onset is characterized by a repetitive and persistent pattern of behaviour in which the basic rights of others or major age-appropriate societal norms, rules, or laws are violated such as aggression towards people or animals; destruction of property; deceitfulness or theft; and serious violations of rules. To be diagnosed, features of the disorder must be present during childhood prior to adolescence (e.g., before 10 years of age) and the behaviour pattern must be enduring over a significant period of time (e.g., 12 months or more). Isolated dissocial or criminal acts are thus not in themselves grounds for the diagnosis.

6C91.00 Conduct-dissocial disorder, childhood onset with limited prosocial emotions

Meets all definitional requirements for Conduct-dissocial disorder, childhood onset. In addition, the individual exhibits characteristics that are sometimes referred to as 'callous and unemotional'. These characteristics include a lack of empathy or sensitivity to the feelings of others and a lack of concern for others' distress; a lack of remorse, shame or guilt over their own behaviour (unless prompted by being apprehended), a relative indifference to the probability of punishment; a lack of concern over poor performance in school or work; and limited expression of emotions, particularly positive or loving feelings toward others, or only doing so in ways that seem shallow, insincere, or instrumental.

6C91.01 Conduct-dissocial disorder, childhood onset with typical prosocial emotions

All definitional requirements for conduct-dissocial disorder, childhood onset are met. The individual does not exhibit characteristics referred to as 'callous and unemotional', such as lack of empathy or sensitivity to the feelings of others and a lack of concern for others' distress.

6C91.0Z Conduct-dissocial disorder, childhood onset, unspecified

6C91.1 Conduct-dissocial disorder, adolescent onset

Conduct-dissocial disorder, adolescent onset is characterized by a repetitive and persistent pattern of behaviour in which the basic rights of others or major age-appropriate societal norms, rules, or laws are violated such as aggression towards people or animals; destruction of property; deceitfulness or theft; and serious violations of rules. No features of the disorder are present during childhood prior to adolescence (e.g., before 10 years of age). To be diagnosed, the behaviour pattern must be enduring over a significant period of time (e.g., 12 months or more). Isolated dissocial or criminal acts are thus not in themselves grounds for the diagnosis.

6C91.10 Conduct-dissocial disorder, adolescent onset with limited prosocial emotions

All definitional requirements for conduct-dissocial disorder, adolescent onset are met. In addition, the individual exhibits characteristics that are sometimes referred to as 'callous and unemotional'. These characteristics include a lack of empathy or sensitivity to the feelings of others and a lack of concern for others' distress; a lack of remorse, shame or guilt over their own behaviour (unless prompted by being apprehended), a relative indifference to the probability of punishment; a lack of concern over poor performance in school or work; and limited expression of emotions, particularly positive or loving feelings toward others, or only doing so in ways that seem shallow, insincere, or instrumental.

6C91.11 Conduct-dissocial disorder, adolescent onset with typical prosocial emotions

All definitional requirements for conduct-dissocial disorder, adolescent onset are met. The individual does not exhibit characteristics referred to as 'callous and unemotional', such as lack of empathy or sensitivity to the feelings of others and a lack of concern for others' distress.

6C91.1Y Other specified conduct-dissocial disorder, adolescent onset

6C91.Z Conduct-dissocial disorder, unspecified

6C9Y Other specified disruptive behaviour or dissocial disorders

6C9Z **Disruptive behaviour or dissocial disorders, unspecified**

Personality disorders and related traits (BlockL1-6D1)

Coded Elsewhere: Secondary personality change (6E68)

6D10 **Personality disorder**

Personality disorder is characterized by problems in functioning of aspects of the self (e.g., identity, self-worth, accuracy of self-view, self-direction), and/or interpersonal dysfunction (e.g., ability to develop and maintain close and mutually satisfying relationships, ability to understand others' perspectives and to manage conflict in relationships) that have persisted over an extended period of time (e.g., 2 years or more). The disturbance is manifest in patterns of cognition, emotional experience, emotional expression, and behaviour that are maladaptive (e.g., inflexible or poorly regulated) and is manifest across a range of personal and social situations (i.e., is not limited to specific relationships or social roles). The patterns of behaviour characterizing the disturbance are not developmentally appropriate and cannot be explained primarily by social or cultural factors, including socio-political conflict. The disturbance is associated with substantial distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

6D10.0 Mild personality disorder

All general diagnostic requirements for Personality Disorder are met. Disturbances affect some areas of personality functioning but not others (e.g., problems with self-direction in the absence of problems with stability and coherence of identity or self-worth), and may not be apparent in some contexts. There are problems in many interpersonal relationships and/or in performance of expected occupational and social roles, but some relationships are maintained and/or some roles carried out. Specific manifestations of personality disturbances are generally of mild severity. Mild Personality Disorder is typically not associated with substantial harm to self or others, but may be associated with substantial distress or with impairment in personal, family, social, educational, occupational or other important areas of functioning that is either limited to circumscribed areas (e.g., romantic relationships; employment) or present in more areas but milder.

6D10.1 Moderate personality disorder

All general diagnostic requirements for Personality Disorder are met. Disturbances affect multiple areas of personality functioning (e.g., identity or sense of self, ability to form intimate relationships, ability to control impulses and modulate behaviour). However, some areas of personality functioning may be relatively less affected. There are marked problems in most interpersonal relationships and the performance of most expected social and occupational roles are compromised to some degree. Relationships are likely to be characterized by conflict, avoidance, withdrawal, or extreme dependency (e.g., few friendships maintained, persistent conflict in work relationships and consequent occupational problems, romantic relationships characterized by serious disruption or inappropriate submissiveness). Specific manifestations of personality disturbance are generally of moderate severity. Moderate Personality Disorder is sometimes associated with harm to self or others, and is associated with marked impairment in personal, family, social, educational, occupational or other important areas of functioning, although functioning in circumscribed areas may be maintained.

6D10.2 Severe personality disorder

All general diagnostic requirements for Personality Disorder are met. There are severe disturbances in functioning of the self (e.g., sense of self may be so unstable that individuals report not having a sense of who they are or so rigid that they refuse to participate in any but an extremely narrow range of situations; self view may be characterized by self-contempt or be grandiose or highly eccentric). Problems in interpersonal functioning seriously affect virtually all relationships and the ability and willingness to perform expected social and occupational roles is absent or severely compromised. Specific manifestations of personality disturbance are severe and affect most, if not all, areas of personality functioning. Severe Personality Disorder is often associated with harm to self or others, and is associated with severe impairment in all or nearly all areas of life, including personal, family, social, educational, occupational, and other important areas of functioning.

6D10.Z Personality disorder, severity unspecified

6D11 Prominent personality traits or patterns

Trait domain qualifiers may be applied to Personality Disorders or Personality Difficulty to describe the characteristics of the individual's personality that are most prominent and that contribute to personality disturbance. Trait domains are continuous with normal personality characteristics in individuals who do not have Personality Disorder or Personality Difficulty. Trait domains are not diagnostic categories, but rather represent a set of dimensions that correspond to the underlying structure of personality. As many trait domain qualifiers may be applied as necessary to describe personality functioning. Individuals with more severe personality disturbance tend to have a greater number of prominent trait domains.

6D11.0 **Negative affectivity in personality disorder or personality difficulty**

The core feature of the Negative Affectivity trait domain is the tendency to experience a broad range of negative emotions. Common manifestations of Negative Affectivity, not all of which may be present in a given individual at a given time, include: experiencing a broad range of negative emotions with a frequency and intensity out of proportion to the situation; emotional lability and poor emotion regulation; negativistic attitudes; low self-esteem and self-confidence; and mistrustfulness.

Note: This category should ONLY be used in combination with a Personality disorder category (Mild, Moderate, or Severe) or Personality difficulty.

6D11.1 **Detachment in personality disorder or personality difficulty**

The core feature of the Detachment trait domain is the tendency to maintain interpersonal distance (social detachment) and emotional distance (emotional detachment). Common manifestations of Detachment, not all of which may be present in a given individual at a given time, include: social detachment (avoidance of social interactions, lack of friendships, and avoidance of intimacy); and emotional detachment (reserve, aloofness, and limited emotional expression and experience).

Note: This category should ONLY be used in combination with a Personality disorder category (Mild, Moderate, or Severe) or Personality difficulty.

6D11.2 **Dissociality in personality disorder or personality difficulty**

The core feature of the Dissociality trait domain is disregard for the rights and feelings of others, encompassing both self-centeredness and lack of empathy. Common manifestations of Dissociality, not all of which may be present in a given individual at a given time, include: self-centeredness (e.g., sense of entitlement, expectation of others' admiration, positive or negative attention-seeking behaviours, concern with one's own needs, desires and comfort and not those of others); and lack of empathy (i.e., indifference to whether one's actions inconvenience hurt others, which may include being deceptive, manipulative, and exploitative of others, being mean and physically aggressive, callousness in response to others' suffering, and ruthlessness in obtaining one's goals).

Note: This category should ONLY be used in combination with a Personality disorder category (Mild, Moderate, or Severe) or Personality difficulty.

6D11.3 **Disinhibition in personality disorder or personality difficulty**

The core feature of the Disinhibition trait domain is the tendency to act rashly based on immediate external or internal stimuli (i.e., sensations, emotions, thoughts), without consideration of potential negative consequences. Common manifestations of Disinhibition, not all of which may be present in a given individual at a given time, include: impulsivity; distractibility; irresponsibility; recklessness; and lack of planning.

Note: This category should ONLY be used in combination with a Personality disorder category (Mild, Moderate, or Severe) or Personality difficulty.

6D11.4 **Anankastia in personality disorder or personality difficulty**

The core feature of the Anankastia trait domain is a narrow focus on one's rigid standard of perfection and of right and wrong, and on controlling one's own and others' behaviour and controlling situations to ensure conformity to these standards. Common manifestations of Anankastia, not all of which may be present in a given individual at a given time, include: perfectionism (e.g., concern with social rules, obligations, and norms of right and wrong, scrupulous attention to detail, rigid, systematic, day-to-day routines, hyper-scheduling and planfulness, emphasis on organization, orderliness, and neatness); and emotional and behavioral constraint (e.g., rigid control over emotional expression, stubbornness and inflexibility, risk-avoidance, perseveration, and deliberativeness).

Note: This category should ONLY be used in combination with a Personality disorder category (Mild, Moderate, or Severe) or Personality difficulty.

6D11.5 **Borderline pattern**

The Borderline pattern descriptor may be applied to individuals whose pattern of personality disturbance is characterized by a pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity, as indicated by many of the following: Frantic efforts to avoid real or imagined abandonment; A pattern of unstable and intense interpersonal relationships; Identity disturbance, manifested in markedly and persistently unstable self-image or sense of self; A tendency to act rashly in states of high negative affect, leading to potentially self-damaging behaviours; Recurrent episodes of self-harm; Emotional instability due to marked reactivity of mood; Chronic feelings of emptiness; Inappropriate intense anger or difficulty controlling anger; Transient dissociative symptoms or psychotic-like features in situations of high affective arousal.

Note: This category should ONLY be used in combination with a Personality disorder category (Mild, Moderate, or Severe) or Personality difficulty.

Paraphilic disorders (BlockL1-6D3)

Paraphilic disorders are characterized by persistent and intense patterns of atypical sexual arousal, manifested by sexual thoughts, fantasies, urges, or behaviours, the focus of which involves others whose age or status renders them unwilling or unable to consent and on which the person has acted or by which he or she is markedly distressed. Paraphilic disorders may include arousal patterns involving solitary behaviours or consenting individuals only when these are associated with marked distress that is not simply a result of rejection or feared rejection of the arousal pattern by others or with significant risk of injury or death.

Inclusions: paraphilias

6D30 **Exhibitionistic disorder**

Exhibitionistic disorder is characterized by a sustained, focused and intense pattern of sexual arousal—as manifested by persistent sexual thoughts, fantasies, urges, or behaviors—that involves exposing one's genitals to an unsuspecting individual in public places, usually without inviting or intending closer contact. In addition, in order for Exhibitionistic Disorder to be diagnosed, the individual must have acted on these thoughts, fantasies or urges or be markedly distressed by them. Exhibitionistic Disorder specifically excludes consensual exhibitionistic behaviours that occur with the consent of the person or persons involved as well as socially sanctioned forms of exhibitionism.

6D31 **Voyeuristic disorder**

Voyeuristic disorder is characterized by a sustained, focused and intense pattern of sexual arousal—as manifested by persistent sexual thoughts, fantasies, urges, or behaviours—that involves observing an unsuspecting individual who is naked, in the process of disrobing, or engaging in sexual activity. In addition, in order for Voyeuristic Disorder to be diagnosed, the individual must have acted on these thoughts, fantasies or urges or be markedly distressed by them. Voyeuristic Disorder specifically excludes consensual voyeuristic behaviours that occur with the consent of the person or persons being observed.

6D32 **Pedophilic disorder**

Pedophilic disorder is characterized by a sustained, focused, and intense pattern of sexual arousal—as manifested by persistent sexual thoughts, fantasies, urges, or behaviours—involving pre-pubertal children. In addition, in order for Pedophilic Disorder to be diagnosed, the individual must have acted on these thoughts, fantasies or urges or be markedly distressed by them. This diagnosis does not apply to sexual behaviours among pre- or post-pubertal children with peers who are close in age.

6D33 **Coercive sexual sadism disorder**

Coercive sexual sadism disorder is characterized by a sustained, focused and intense pattern of sexual arousal—as manifested by persistent sexual thoughts, fantasies, urges or behaviours—that involves the infliction of physical or psychological suffering on a non-consenting person. In addition, in order for Coercive Sexual Sadism Disorder to be diagnosed, the individual must have acted on these thoughts, fantasies or urges or be markedly distressed by them. Coercive Sexual Sadism Disorder specifically excludes consensual sexual sadism and masochism.

6D34 **Frotteuristic disorder**

Frotteuristic disorder is characterized by a sustained, focused and intense pattern of sexual arousal— as manifested by persistent sexual thoughts, fantasies, urges, or behaviours— that involves touching or rubbing against a non-consenting person in crowded public places. In addition, in order for Frotteuristic Disorder to be diagnosed, the individual must have acted on these thoughts, fantasies or urges or be markedly distressed by them. Frotteuristic Disorder specifically excludes consensual touching or rubbing that occur with the consent of the person or persons involved.

6D35 **Other paraphilic disorder involving non-consenting individuals**

Other paraphilic disorder involving non-consenting individuals is characterized by a persistent and intense pattern of atypical sexual arousal— manifested by sexual thoughts, fantasies, urges, or behaviours— in which the focus of the arousal pattern involves others who are unwilling or unable to consent but that is not specifically described in any of the other named Paraphilic Disorders categories (e.g., arousal patterns involving corpses or animals). The individual must have acted on these thoughts, fantasies or urges or be markedly distressed by them. The disorder specifically excludes sexual behaviours that occur with the consent of the person or persons involved, provided that they are considered able to provide such consent.

6D36 **Paraphilic disorder involving solitary behaviour or consenting individuals**

Paraphilic disorder involving solitary behaviour or consenting individuals is characterized by a persistent and intense pattern of atypical sexual arousal—manifested by sexual thoughts, fantasies, urges, or behaviours— that involves consenting adults or solitary behaviours. One of the following two elements must be present: 1) the person is markedly distressed by the nature of the arousal pattern and the distress is not simply a consequence of rejection or feared rejection of the arousal pattern by others; or 2) the nature of the paraphilic behaviour involves significant risk of injury or death either to the individual or to the partner (e.g., asphyxophilia).

6D3Z **Paraphilic disorders, unspecified**

Factitious disorders (BlockL1-6D5)

Factitious disorders are characterized by intentionally feigning, falsifying, inducing, or aggravating medical, psychological, or behavioural signs and symptoms or injury in oneself or in another person, most commonly a child dependent, associated with identified deception. A pre-existing disorder or disease may be present, but the individual intentionally aggravates existing symptoms or falsifies or induces additional symptoms. Individuals with factitious disorder seek treatment or otherwise present themselves or another person as ill, injured, or impaired based on the feigned, falsified, or self-induced signs, symptoms, or injuries. The deceptive behaviour is not solely motivated by obvious external rewards or incentives (e.g., obtaining disability payments or evading criminal prosecution). This is in contrast to Malingering, in which obvious external rewards or incentives motivate the behaviour.

Exclusions: Malingering (QC30)

6D50 **Factitious disorder imposed on self**

Factitious disorder imposed on self is characterized by feigning, falsifying, or inducing medical, psychological, or behavioural signs and symptoms or injury associated with identified deception. If a pre-existing disorder or disease is present, the individual intentionally aggravates existing symptoms or falsifies or induces additional symptoms. The individual seeks treatment or otherwise presents himself or herself as ill, injured, or impaired based on the feigned, falsified, or self-induced signs, symptoms, or injuries. The deceptive behavior is not solely motivated by obvious external rewards or incentives (e.g., obtaining disability payments or evading criminal prosecution). This is in contrast to Malingering, in which obvious external rewards or incentives motivate the behaviour

Inclusions: Münchhausen syndrome

Exclusions: Excoriation disorder (6B25.1)

Malingering (QC30)

6D51 **Factitious disorder imposed on another**

Factitious disorder imposed on another is characterized by feigning, falsifying, or inducing, medical, psychological, or behavioural signs and symptoms or injury in another person, most commonly a child dependent, associated with identified deception. If a pre-existing disorder or disease is present in the other person, the individual intentionally aggravates existing symptoms or falsifies or induces additional symptoms. The individual seeks treatment for the other person or otherwise presents him or her as ill, injured, or impaired based on the feigned, falsified, or induced signs, symptoms, or injuries. The deceptive behavior is not solely motivated by obvious external rewards or incentives (e.g., obtaining disability payments or avoiding criminal prosecution for child or elder abuse).

Note: The diagnosis of Factitious Disorder Imposed on Another is assigned to the individual who is feigning, falsifying or inducing the symptoms in another person, not to the person who is presented as having the symptoms. Occasionally the individual induces or falsifies symptoms in a pet rather than in another person.

Exclusions: Malingering (QC30)

6D5Z **Factitious disorders, unspecified**

Neurocognitive disorders (BlockL1-6D7)

Neurocognitive disorders are characterized by primary clinical deficits in cognitive functioning that are acquired rather than developmental. That is, neurocognitive disorders do not include disorders characterized by deficits in cognitive function that are present from birth or that arise during the developmental period, which are classified in the grouping neurodevelopmental disorders. Rather, neurocognitive disorders represent a decline from a previously attained level of functioning. Although cognitive deficits are present in many mental disorders (e.g., schizophrenia, bipolar disorders), only disorders whose core features are cognitive are included in the neurocognitive Disorders grouping. In cases where the underlying pathology and etiology for neurocognitive disorders can be determined, the identified etiology should be classified separately.

Coded Elsewhere: Secondary neurocognitive syndrome (6E67)

6D70 **Delirium**

Delirium is characterized by disturbed attention (i.e., reduced ability to direct, focus, sustain, and shift attention) and awareness (i.e., reduced orientation to the environment) that develops over a short period of time and tends to fluctuate during the course of a day, accompanied by other cognitive impairment such as memory deficit, disorientation, or impairment in language, visuospatial ability, or perception. Disturbance of the sleep-wake cycle (reduced arousal of acute onset or total sleep loss with reversal of the sleep-wake cycle) may also be present. The symptoms are attributable to a disorder or disease not classified under mental and behavioural disorders or to substance intoxication or withdrawal or to a medication.

6D70.0 Delirium due to disease classified elsewhere

All definitional requirements for delirium are met. There is evidence from history, physical examination, or laboratory findings that Delirium is caused by the direct physiological consequences of a disorder or disease classified elsewhere.

Note: Identified etiology should be classified separately.

6D70.1 Delirium due to psychoactive substances including medications

All definitional requirements for delirium are met. There is evidence from history, physical examination, or laboratory findings that the delirium is caused by the direct physiological effects of a substance or medication (including withdrawal). If the specific substance inducing the delirium has been identified, it should be classified using the appropriate subcategory (e.g., alcohol-induced delirium).

Coded Elsewhere: Alcohol-induced delirium (6C40.5)

Cannabis-induced delirium (6C41.5)

Synthetic cannabinoid-induced delirium (6C42.5)

Opioid-induced delirium (6C43.5)

Sedative, hypnotic or anxiolytic-induced delirium (6C44.5)

Cocaine-induced delirium (6C45.5)

Stimulant-induced delirium including amphetamines, methamphetamine or methcathinone (6C46.5)

Synthetic cathinone-induced delirium (6C47.5)

Hallucinogen-induced delirium (6C49.4)

Volatile inhalant-induced delirium (6C4B.5)

MDMA or related drug-induced delirium, including MDA (6C4C.5)

Dissociative drug-induced delirium including ketamine or PCP (6C4D.4)

Delirium induced by other specified psychoactive substance including medications (6C4E.5)

Delirium induced by unknown or unspecified psychoactive substance (6C4G.5)

Delirium induced by multiple specified psychoactive substances including medications (6C4F.5)

6D70.2 Delirium due to multiple etiological factors

All definitional requirements for delirium are met. There is evidence from history, physical examination, or laboratory findings that the delirium is attributable to multiple etiological factors, which may include disorders or diseases not classified under mental and behavioural disorders, substance intoxication or withdrawal, or a medication.

Note: Identified etiologies should be classified separately.

6D70.3 Delirium due to unknown or unspecified aetiological factors

All definitional requirements for delirium are met. The specific aetiology of the delirium is unspecified or cannot be determined.

6D71 **Mild neurocognitive disorder**

Mild neurocognitive disorder is characterized by the subjective experience of a decline from a previous level of cognitive functioning, accompanied by objective evidence of impairment in performance on one or more cognitive domains relative to that expected given the individual's age and general level of intellectual functioning that is not sufficiently severe to significantly interfere with independence in the person's performance of activities of daily living. The cognitive impairment is not entirely attributable to normal aging. The cognitive impairment may be attributable to an underlying disease of the nervous system, a trauma, an infection or other disease process affecting specific areas of the brain, or to chronic use of specific substances or medications, or the etiology may be undetermined.

Note: Code also the underlying condition

6D72 **Amnestic disorder**

Amnestic disorder is characterized by severe memory impairment relative to the individual's age and general level of intellectual functioning that is disproportionate to impairment in other cognitive domains. It is manifest by a severe deficit in acquiring memories or learning new information or the inability to recall previously learned information, without disturbance of consciousness or generalized cognitive impairment. Recent memory is typically more disturbed than remote memory and immediate recall is usually preserved. The memory impairment is not attributable to substance intoxication or substance withdrawal, and is presumed to be attributable to an underlying neurological condition, trauma, infection, tumour or other disease process affecting specific areas of the brain or to chronic use of specific substances or medications.

Exclusions: Delirium (6D70)

Dementia (BlockL2-6D8)

Mild neurocognitive disorder (6D71)

6D72.0 Amnestic disorder due to diseases classified elsewhere

All definitional requirements for amnestic disorder are met. There is evidence from history, physical examination, or laboratory findings that the disturbance is caused by the direct physiological consequences of a disorder or disease classified elsewhere. Identified etiology should be classified separately.

Exclusions: amnesia: retrograde (MB21.11)

Korsakoff syndrome, alcohol-induced or unspecified (8D44)

Dissociative amnesia (6B61)

Anterograde amnesia (MB21.10)

amnesia NOS (MB21.1)

6D72.1 **Amnestic disorder due to psychoactive substances including medications**

All definitional requirements for amnestic disorder are met, and memory impairment persists beyond the usual duration of substance intoxication or withdrawal. There is evidence from history, physical examination, or laboratory findings that the disturbance is caused by the direct physiologic consequences of use of a substance or medication. If the specific substance inducing the amnestic disorder has been identified, it should be classified using the appropriate subcategory (e.g., amnestic disorder use of alcohol).

6D72.10 Amnestic disorder due to use of alcohol

Amnestic disorder due to alcohol use is characterized by the development of amnestic symptoms that share primary clinical features with Amnestic disorder, but which are judged to be the direct consequence of alcohol use. Symptoms of amnestic disorder due to alcohol use develop during or soon after substance intoxication or withdrawal but their intensity and duration are substantially in excess of disturbances of memory normally associated with these conditions. The intensity and duration of alcohol use must be known to be capable of producing memory impairment. The symptoms are not better accounted for by Amnestic Disorder, as might be the case if the amnestic symptoms preceded the onset of the substance use or if the symptoms persist for a substantial period of time after cessation of substance use.

Note: This category should not be used to describe cognitive changes due to thiamine deficiency associated with chronic alcohol use.

Exclusions: Korsakoff syndrome (5B5A.11)

Wernicke-Korsakoff Syndrome (5B5A.1)

6D72.11 Amnestic disorder due to use of sedatives, hypnotics or anxiolytics

Amnestic disorder due to use of sedatives, hypnotics or anxiolytics is characterized by the development of a syndrome of memory impairment with specific features of amnestic disorder that is judged to be the direct consequence of sedative, hypnotic, or anxiolytic use that persists beyond the usual duration of sedative, hypnotic or anxiolytic intoxication or withdrawal. The amount and duration of sedative, hypnotic, or anxiolytic use must be sufficient to be capable of producing memory impairment. Moreover, the memory impairment is not better accounted for by a disorder that is not due to use of sedatives, hypnotics, or anxiolytics, such as a dementia or amnestic disorder due to causes other than substances including medications.

Note: Code also the underlying condition

6D72.12 Amnestic disorder due to other specified psychoactive substance including medications

Amnestic disorder due to other specified psychoactive substance including medications is characterized by the development of a syndrome of memory impairment with specific features of amnestic disorder that is judged to be the direct consequence of use of a specified psychoactive substance that persists beyond the usual duration of intoxication with or withdrawal from that substance. The amount and duration of the specified substance use must be sufficient to be capable of producing memory impairment. Moreover, the memory impairment is not better accounted for by a disorder that is not due to use of the specified psychoactive substance, such as a Dementia or Amnestic disorder due to causes other than substances including medications.

6D72.13 Amnestic disorder due to use of volatile inhalants

Amnestic disorder due to use of volatile inhalants is characterized by the development of a syndrome of memory impairment with specific features of amnestic disorder that is judged to be the direct consequence of volatile inhalant use that persists beyond the usual duration of volatile inhalant intoxication or withdrawal. The amount and duration of volatile inhalant use must be sufficient to be capable of producing memory impairment. Moreover, the memory impairment is not better accounted for by a disorder that is not due to use of volatile inhalants, such as a dementia or amnestic disorder due to causes other than substances including medications.

6D72.2 Amnestic disorder due to unknown or unspecified aetiological factors

All definitional requirements for amnestic disorder are met. The specific etiology of the disorder is unspecified or cannot be determined.

6D72.Y Other specified amnestic disorder

6D72.Z Amnestic disorder, unspecified

Dementia (BlockL2-6D8)

Dementia is an acquired brain syndrome characterized by a decline from a previous level of cognitive functioning with impairment in two or more cognitive domains (such as memory, executive functions, attention, language, social cognition and judgment, psychomotor speed, visuoperceptual or visuospatial abilities). The cognitive impairment is not entirely attributable to normal aging and significantly interferes with independence in the person's performance of activities of daily living. Based on available evidence, the cognitive impairment is attributed or assumed to be attributable to a neurological or medical condition that affects the brain, trauma, nutritional deficiency, chronic use of specific substances or medications, or exposure to heavy metals or other toxins.

Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

Inclusions: Dementia NOS

Exclusions: Coma (MB20.1)

Delirium (6D70)

Disorders of intellectual development (6A00)

Neurodevelopmental disorders (BlockL1-6A0)

Stupor (MB20.0)

Old age (senility) (MG2A)

6D80 Dementia due to Alzheimer disease

Dementia due to Alzheimer disease is the most common form of dementia. Onset is insidious with memory impairment typically reported as the initial presenting complaint. The characteristic course is a slow but steady decline from a previous level of cognitive functioning with impairment in additional cognitive domains (such as executive functions, attention, language, social cognition and judgment, psychomotor speed, visuoperceptual or visuospatial abilities) emerging with disease progression. Dementia due to Alzheimer disease is often accompanied by mental and behavioural symptoms such as depressed mood and apathy in the initial stages of the disease and may be accompanied by psychotic symptoms, irritability, aggression, confusion, abnormalities of gait and mobility, and seizures at later stages. Positive genetic testing, family history and gradual cognitive decline are highly suggestive of Dementia due to Alzheimer disease.

Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

6D80.0 **Dementia due to Alzheimer disease with early onset**

Dementia due to Alzheimer disease in which symptoms emerge before the age of 65 years. It is relatively rare, representing less than 5% of all cases, and may be genetically determined (autosomal dominant Alzheimer disease). Clinical presentation may be similar to cases with later onset, but a significant proportion of cases manifest atypical symptoms, with relatively less severe memory deficits.

Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D80.1 **Dementia due to Alzheimer disease with late onset**

Dementia due to Alzheimer disease that develops at the age of 65 years or above. This is the most common pattern, representing more than 95% of all cases.

Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D80.2 **Alzheimer disease dementia, mixed type, with cerebrovascular disease**

Dementia due to Alzheimer disease and concomitant cerebrovascular disease.

Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D80.3 **Alzheimer disease dementia, mixed type, with other nonvascular aetiologies**

Dementia due to Alzheimer disease with other concomitant pathology, not including cerebrovascular disease.

Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D80.Z **Dementia due to Alzheimer disease, onset unknown or unspecified**

Note: Code also the underlying condition

6D81 **Vascular dementia**

Vascular dementia is due to significant brain parenchyma injury resulting from cerebrovascular disease (ischemic or haemorrhagic). The onset of the cognitive deficits is temporally related to one or more vascular events. Cognitive decline is typically most prominent in speed of information processing, complex attention, and frontal-executive functioning. There is evidence of the presence of cerebrovascular disease considered to be sufficient to account for the neurocognitive deficits from history, physical examination and neuroimaging.

Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

Exclusions: Alzheimer disease dementia, mixed type, with cerebrovascular disease (6D80.2)

6D82 **Dementia due to Lewy body disease**

Dementia due to Lewy body disease is the second most common form of dementia in the elderly after Alzheimer disease. The precise etiology is unknown but involves abnormal alpha-synuclein protein folding and aggregation with Lewy body formation primarily in the cortex and brainstem. Onset is insidious with attentional and executive functioning deficits typically reported as the initial presenting complaint. These cognitive deficits are often accompanied by visual hallucinations and symptoms of REM sleep behaviour disorder. Hallucinations in other sensory modalities, depressive symptoms, and delusions may also be present. The symptom presentation usually varies significantly over the course of days necessitating longitudinal assessment and differentiation from Delirium. Spontaneous onset of Parkinsonism within approximately 1 year of the onset of cognitive symptoms is characteristic of the disease.

Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D83 **Frontotemporal dementia**

Frontotemporal dementia (FTD) is a group of primary neurodegenerative disorders primarily affecting the frontal and temporal lobes. Onset is typically insidious with a gradual and worsening course. Several syndromic variants (some with an identified genetic basis or familiality) are described that include presentations with predominantly marked personality and behavioral changes (such as executive dysfunction, apathy, deterioration of social cognition, repetitive behaviours, and dietary changes) or with predominantly language deficits (that include semantic, agrammatic/nonfluent, and logopenic forms), or with a combination of these deficits. Memory function, psychomotor speed, as well as visuoperceptual and visuospatial abilities often remain relatively intact, particularly during the early stages of the disorder.

Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D84 Dementia due to psychoactive substances including medications

Dementia due to psychoactive substances including medications includes forms of dementia that are judged to be a direct consequence of substance use and that persist beyond the usual duration of action or withdrawal syndrome associated with the substance. The amount and duration of substance use must be sufficient to produce the cognitive impairment. The cognitive impairment is not better accounted for by a disorder that is not induced by substances such as a dementia due to another medical condition.

Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

Exclusions: Dementia due to exposure to heavy metals and other toxins (6D85.2)

6D84.0 Dementia due to use of alcohol

Dementia due to use of alcohol is characterized by the development of persistent cognitive impairments (e.g., memory problems, language impairment, and an inability to perform complex motor tasks) that meet the definitional requirements of Dementia that are judged to be a direct consequence of alcohol use and that persist beyond the usual duration of alcohol intoxication or acute withdrawal. The intensity and duration of alcohol use must have been sufficient to produce the cognitive impairment. The cognitive impairment is not better accounted for by a disorder or disease that is not induced by alcohol such as a dementia due to another disorder or disease classified elsewhere.

Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

This category should not be used to describe cognitive changes due to thiamine deficiency associated with chronic alcohol use.

Inclusions: Alcohol-induced dementia

Exclusions: Wernicke-Korsakoff Syndrome (5B5A.1)

Korsakoff syndrome (5B5A.11)

6D84.1 Dementia due to use of sedatives, hypnotics or anxiolytics

Dementia due to use of sedatives, hypnotics or anxiolytics is characterized by the development of persistent cognitive impairments (e.g., memory problems, language impairment, and an inability to perform complex motor tasks) that meet the definitional requirements of Dementia that are judged to be a direct consequence of sedative, hypnotic, or anxiolytic use and that persist beyond the usual duration of action or withdrawal syndrome associated with the substance. The amount and duration of sedative, hypnotic, or anxiolytic use must be sufficient to produce the cognitive impairment. The cognitive impairment is not better accounted for by a disorder that is not induced by sedatives, hypnotics, or anxiolytics such as a dementia due to another medical condition.

Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

Inclusions: Late-onset psychoactive substance-induced psychotic disorder

Posthallucinogen perception disorder

6D84.2 Dementia due to use of volatile inhalants

Dementia due to use of volatile inhalants is characterized by the development of persistent cognitive impairments (e.g., memory problems, language impairment, and an inability to perform complex motor tasks) that meet the definitional requirements of Dementia that are judged to be a direct consequence of inhalant use or exposure and that persist beyond the usual duration of action or withdrawal syndrome associated with the substance. The amount and duration of inhalant use or exposure must be sufficient to be capable of producing the cognitive impairment. The cognitive impairment is not better accounted for by a disorder that is not induced by volatile inhalants such as a dementia due to another medical condition.

Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D84.Y Dementia due to other specified psychoactive substance

Note: Code also the underlying condition

6D85 Dementia due to diseases classified elsewhere

Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D85.0 Dementia due to Parkinson disease

Dementia due to Parkinson disease develops among individuals with idiopathic Parkinson disease and is characterized by impairment in attention, memory, executive and visuo-spatial functions as well as behavioral and psychiatric symptoms such as changes in affect, apathy and hallucinations. Onset is insidious and the course is one of gradual worsening of symptoms. The primary pathological correlate is Lewy Body-type degeneration predominantly in the basal ganglia rather than in the cortex as is typical of Dementia due to Lewy body disease.

Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D85.1 Dementia due to Huntington disease

Dementia due to Huntington disease occurs as part of a widespread degeneration of the brain due to a trinucleotide repeat expansion in the HTT gene, which is transmitted through autosomal dominance. Onset of symptoms is insidious typically in the third and fourth decade of life with gradual and slow progression. Initial symptoms typically include impairments in executive functions with relative sparing of memory, prior to the onset of motor deficits (bradykinesia and chorea) characteristic of Huntington disease.

Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

Inclusions: Dementia in Huntington chorea

6D85.2 Dementia due to exposure to heavy metals and other toxins

Dementia due to exposure to heavy metals and other toxins caused by toxic exposure to specific heavy metals such as aluminum from dialysis water, lead, mercury or manganese. The characteristic cognitive impairments in Dementia due to exposure to heavy metals and other toxins depend on the specific heavy metal or toxin that the individual has been exposed to but can affect all cognitive domains. Onset of symptoms is related to exposure and progression can be rapid especially with acute exposure. In many cases, symptoms are reversible when exposure is identified and ceases. Investigations such as brain imaging or neurophysiological testing may be abnormal. Lead poisoning is associated with abnormalities on brain imaging including widespread calcification and increased signal on MRI T2-weighted images of periventricular white matter, basal ganglia hypothalamus and pons. Dementia due to aluminum toxicity may demonstrate characteristic paroxysmal high-voltage delta EEG changes. Examination may make evident other features such as peripheral neuropathy in the case of lead, arsenic, or mercury.

Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

Exclusions: Dementia due to psychoactive substances including medications (6D84)

6D85.3 Dementia due to human immunodeficiency virus

Dementia due to human immunodeficiency virus develops during the course of confirmed HIV disease, in the absence of a concurrent illness or condition other than HIV infection that could explain the clinical features. Although a variety of patterns of cognitive deficit are possible depending on where the HIV pathogenic processes have occurred, typically deficits follow a subcortical pattern with impairments in executive function, processing speed, attention, and learning new information. The course of Dementia due to human immunodeficiency virus varies including resolution of symptoms, gradual decline in functioning, improvement, or fluctuation in symptoms. Rapid decline in cognitive functioning is rare with the advent of antiretroviral medications.

Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D85.4 Dementia due to multiple sclerosis

Dementia due to multiple sclerosis is a neurodegenerative disease due to the cerebral effects of multiple sclerosis, a demyelinating disease. Onset of symptoms is insidious and not related to the progression or functional impairment attributable to the primary disease (i.e., multiple sclerosis). Cognitive impairments vary according to the location of demyelination but typically include deficits in processing speed, memory, attention, and aspects of executive functioning.

Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D85.5 Dementia due to prion disease

Dementia due to prion disease is a primary neurodegenerative disease caused by a group of spongiform encephalopathies resulting from abnormal prion protein accumulation in the brain. These can be sporadic, genetic (caused by mutations in the prion-protein gene), or transmissible (acquired from an infected individual). Onset is insidious and there is a rapid progression of symptoms and impairment characterized by cognitive deficits, ataxia, and motor symptoms (myoclonus, chorea, or dystonia). Diagnosis is typically made on the basis of brain imaging studies, presence of characteristic proteins in spinal fluid, EEG, or genetic testing.

Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D85.6 Dementia due to normal pressure hydrocephalus

Dementia due to normal pressure hydrocephalus results from excess accumulation of cerebrospinal fluid in the brain as a result of idiopathic, non-obstructive causes but can also be secondary to haemorrhage, infection or inflammation. Progression is gradual but intervention (e.g., shunt) can result in significant improvement of symptoms. Typically, cognitive impairments include reduced processing speed, deficits in executive functioning and attention, as well as personality changes. These symptoms are also typically accompanied by gait abnormalities and urinary incontinence. Brain imaging to reveal ventricular volume and brain displacement is often necessary to confirm the diagnosis.

Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D85.7 Dementia due to injury to the head

Dementia due to injury to the head is caused by damage inflicted on the tissues of the brain as the direct or indirect result of an external force. Trauma to the brain is known to have resulted in loss of consciousness, amnesia, disorientation and confusion, or neurological signs. The symptoms characteristic of Dementia due to injury to the head must arise immediately following the trauma or after the individual gains consciousness and must persist beyond the acute post-injury period. Cognitive deficits vary depending on the specific brain areas affected and the severity of the injury but can include impairments in attention, memory, executive functioning, personality, processing speed, social cognition, and language abilities.

Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D85.8 Dementia due to pellagra

Dementia due to pellagra is caused by persistent lack of vitamin B3 (niacin) or tryptophan either in the diet or due to poor absorption in the gastrointestinal tract due to disease (e.g., Crohn disease) or due to the effects of some medications (e.g., isoniazid). Core signs of pellagra include dermatological changes (sensitivity to sunlight, lesions, alopecia, and edema) and diarrheoa. With prolonged nutritional deficiency cognitive symptoms that include aggressivity, motor disturbances (ataxia and restlessness), confusion, and weakness are observed. Treatment with nutritional supplementation (e.g., niacin) typically results in reversal of symptoms.

Note: Code also the underlying condition

6D85.9 Dementia due to Down syndrome

Dementia due to Down syndrome is a neurodegenerative disorder related to the impact of abnormal increased production and accumulation of amyloid precursor protein (APP) leading to formation of beta-amyloid plaques and tau tangles. APP gene expression is increased due to its location on chromosome 21, which is abnormally triplicated in Down syndrome. Cognitive deficits and neuropathological features are similar to those observed in Alzheimer disease. Onset is typically after the fourth decade of life with a gradual decline in functioning.

Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D85.Y Dementia due to other specified diseases classified elsewhere

Note: Code also the underlying condition

6D86 Behavioural or psychological disturbances in dementia

In addition to the cognitive disturbances characteristic of dementia, the current clinical picture includes clinically significant behavioral or psychological disturbances.

Note: These categories should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of behavioural or psychological disturbance in dementia.

Code all that apply.

Exclusions: Secondary mental or behavioural syndromes associated with disorders or diseases classified elsewhere (BlockL1-6E6)

6D86.0 Psychotic symptoms in dementia

In addition to the cognitive disturbances characteristic of dementia, the current clinical picture includes clinically significant delusions or hallucinations.

Exclusions: Schizophrenia or other primary psychotic disorders (BlockL1-6A2)

Secondary psychotic syndrome (6E61)

6D86.1 Mood symptoms in dementia

In addition to the cognitive disturbances characteristic of dementia, the current clinical picture includes clinically significant mood symptoms such as depressed mood, elevated mood, or irritable mood.

Exclusions: Mood disorders (BlockL1-6A6)

Secondary mood syndrome (6E62)

6D86.2 **Anxiety symptoms in dementia**

In addition to the cognitive disturbances characteristic of dementia, the current clinical picture includes clinically significant symptoms of anxiety or worry.

Exclusions: Anxiety or fear-related disorders (BlockL1-6B0)

Secondary anxiety syndrome (6E63)

6D86.3 **Apathy in dementia**

In addition to the cognitive disturbances characteristic of dementia, the current clinical picture includes clinically significant indifference or lack of interest.

Exclusions: Mood disorders (BlockL1-6A6)

Secondary mood syndrome (6E62)

6D86.4 **Agitation or aggression in dementia**

In addition to the cognitive disturbances characteristic of dementia, the current clinical picture includes: 1) clinically significant excessive psychomotor activity accompanied by increased tension; or 2) hostile or violent behaviour.

6D86.5 **Disinhibition in dementia**

In addition to the cognitive disturbances characteristic of dementia, the current clinical picture includes clinically significant lack of restraint manifested in disregard for social conventions, impulsivity, and poor risk assessment.

6D86.6 **Wandering in dementia**

In addition to the cognitive disturbances characteristic of dementia, the current clinical picture includes clinically significant wandering that put the person at risk of harm.

6D86.Y **Other specified behavioural or psychological disturbances in dementia**

Note: Code also the underlying condition

6D86.Z **Behavioural or psychological disturbances in dementia, unspecified**

Note: Code also the underlying condition

6D8Z **Dementia, unknown or unspecified cause**

Note: Code also the underlying condition

6E0Y **Other specified neurocognitive disorders**

6E0Z **Neurocognitive disorders, unspecified**

Mental or behavioural disorders associated with pregnancy, childbirth and the puerperium (BlockL1-6E2)

Syndromes associated with pregnancy or the puerperium (commencing within about 6 weeks after delivery) that involve significant mental and behavioural features. If the symptoms meet the diagnostic requirements for a specific mental disorder, that diagnosis should also be assigned.

Coded Elsewhere: Psychological disorder related to obstetric fistula (GC04.1Y)

6E20 **Mental or behavioural disorders associated with pregnancy, childbirth and the puerperium, without psychotic symptoms**

A syndrome associated with pregnancy or the puerperium (commencing within about 6 weeks after delivery) that involves significant mental and behavioural features, most commonly depressive symptoms. The syndrome does not include delusions, hallucinations, or other psychotic symptoms. If the symptoms meet the diagnostic requirements for a specific mental disorder, that diagnosis should also be assigned. This designation should not be used to describe mild and transient depressive symptoms that do not meet the diagnostic requirements for a depressive episode, which may occur soon after delivery (so-called postpartum blues).

Note: Code also the underlying condition

6E20.0 Postpartum depression NOS

6E20.Y Other specified mental or behavioural disorders associated with pregnancy, childbirth and the puerperium, without psychotic symptoms

Note: Code also the underlying condition

6E20.Z Mental or behavioural disorders associated with pregnancy, childbirth and the puerperium, without psychotic symptoms, unspecified

Note: Code also the underlying condition

6E21 **Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, with psychotic symptoms**

A syndrome associated with pregnancy or the puerperium (commencing within about 6 weeks after delivery) that involves significant mental and behavioural features, including delusions, hallucinations, or other psychotic symptoms. Mood symptoms (depressive and/or manic) are also typically present. If the symptoms meet the diagnostic requirements for a specific mental disorder, that diagnosis should also be assigned.

Note: Code also the underlying condition

6E2Z **Mental or behavioural disorders associated with pregnancy, childbirth and the puerperium, unspecified**

6E40 Psychological or behavioural factors affecting disorders or diseases classified elsewhere

Psychological and behavioural factors affecting disorders or diseases classified elsewhere are those that may adversely affect the manifestation, treatment, or course of a condition classified in another chapter of the ICD. These factors may adversely affect the manifestation, treatment, or course of the disorder or disease classified in another chapter by: interfering with the treatment of the disorder or disease by affecting treatment adherence or care seeking; constituting an additional health risk; or influencing the underlying pathophysiology to precipitate or exacerbate symptoms or otherwise necessitate medical attention. This diagnosis should be assigned only when the factors increase the risk of suffering, disability, or death and represent a focus of clinical attention, and should be assigned together with the diagnosis for the relevant other condition.

Note: Code also the underlying condition

Inclusions: Psychological factors affecting physical conditions

Exclusions: Tension-type headache (8A81)

Mental or behavioural disorders associated with pregnancy, childbirth and the puerperium (BlockL1-6E2)

6E40.0 Mental disorder affecting disorders or diseases classified elsewhere

All diagnostic requirements for Psychological or behavioural factors affecting disorders or diseases classified elsewhere are met. The individual is diagnosed with a mental, behavioural, or neurodevelopmental disorder that adversely affects the manifestation, treatment, or course of a disorder or disease classified in another chapter.

6E40.1 Psychological symptoms affecting disorders or diseases classified elsewhere

All diagnostic requirements for Psychological or behavioural factors affecting disorders or diseases classified elsewhere are met. The individual exhibits psychological symptoms that do not meet the diagnostic requirements for a mental, behavioural, or neurodevelopmental disorder that adversely affect the manifestation, treatment, or course of a disorder or disease classified in another chapter.

6E40.2 Personality traits or coping style affecting disorders or diseases classified elsewhere

All diagnostic requirements for Psychological or behavioural factors affecting disorders or diseases classified elsewhere are met. The individual exhibits personality traits or coping styles that do not meet the diagnostic requirements for a mental, behavioural, or neurodevelopmental disorder that adversely affect the manifestation, treatment, or course of a disorder or disease classified in another chapter.

6E40.3 Maladaptive health behaviours affecting disorders or diseases classified elsewhere

All diagnostic requirements for Psychological or behavioural factors affecting disorders or diseases classified elsewhere are met. The individual exhibits maladaptive health behaviours that adversely affect the manifestation, treatment, or course of a disorder or disease classified in another chapter (e.g., overeating, lack of exercise).

6E40.4 Stress-related physiological response affecting disorders or diseases classified elsewhere

All diagnostic requirements for Psychological or behavioural factors affecting disorders or diseases classified elsewhere are met. The individual exhibits stress-related physiological responses that adversely affect the manifestation, treatment, or course of a disorder or disease classified in another chapter (e.g., stress-related exacerbation of ulcer, hypertension, arrhythmia, or tension headache).

6E40.Y Other specified psychological or behavioural factors affecting disorders or diseases classified elsewhere

Note: Code also the underlying condition

6E40.Z Psychological or behavioural factors affecting disorders or diseases classified elsewhere, unspecified

Note: Code also the underlying condition

Secondary mental or behavioural syndromes associated with disorders or diseases classified elsewhere (BlockL1-6E6)

This grouping includes syndromes characterized by the presence of prominent psychological or behavioural symptoms judged to be direct pathophysiological consequences of a health condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., adjustment disorder or anxiety symptoms in response to being diagnosed with a life-threatening illness). These categories should be used in addition to the diagnosis for the presumed underlying disorder or disease when the psychological and behavioural symptoms are sufficiently severe to warrant specific clinical attention.

Coded Elsewhere: Delirium due to disease classified elsewhere (6D70.0)

6E60 **Secondary neurodevelopmental syndrome**

A syndrome that involves significant neurodevelopmental features that do not fulfill the diagnostic requirements of any of the specific neurodevelopmental disorders that is judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders (e.g., autistic-like features in Retts syndrome; aggression and self-mutilation in Lesch-Nyhan syndrome, abnormalities in language development in Williams syndrome), based on evidence from the history, physical examination, or laboratory findings.

This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the neurodevelopmental problems are sufficiently severe to warrant specific clinical attention.

Note: Code also the underlying condition

6E60.0 Secondary speech or language syndrome

A syndrome that involves significant features related to speech or language development that do not fulfill the diagnostic requirements of any of the specific developmental speech or language disorders that is judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. Possible etiologies include a disease of the nervous system, sensory impairment, brain injury or infection.

Note: This diagnosis should be assigned in addition to the diagnosis for the presumed underlying disorder or disease when the neurodevelopmental problems are sufficiently severe to warrant specific clinical attention.

6E60.Y Other specified secondary neurodevelopmental syndrome

Note: Code also the underlying condition

6E60.Z Secondary neurodevelopmental syndrome, unspecified

Note: Code also the underlying condition

6E61 **Secondary psychotic syndrome**

A syndrome characterized by the presence of prominent hallucinations or delusions judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., an acute stress reaction in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the psychotic symptoms are sufficiently severe to warrant specific clinical attention.

Note: Code also the underlying condition

Exclusions: Acute and transient psychotic disorder (6A23)

Delirium (6D70)

Mood disorders (BlockL1-6A6)

6E61.0 Secondary psychotic syndrome, with hallucinations

A syndrome characterized by the presence of prominent hallucinations that is judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. Delusions are not a prominent aspect of the clinical presentation. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., an acute stress reaction in response to a life-threatening diagnosis). This category should be used in addition the diagnosis for the presumed underlying disorder or disease when the psychotic symptoms are sufficiently severe to warrant specific clinical attention.

Note: Code also the underlying condition

Exclusions: Delirium (6D70)

Mood disorders (BlockL1-6A6)

6E61.1 Secondary psychotic syndrome, with delusions

A syndrome characterized by the presence of prominent delusions that is judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. Hallucinations are not a prominent aspect of the clinical presentation. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., an acute stress reaction in response to a life-threatening diagnosis). This category should be used in addition the diagnosis for the presumed underlying disorder or disease when the psychotic symptoms are sufficiently severe to warrant specific clinical attention.

Note: Code also the underlying condition

Exclusions: Delirium (6D70)

Mood disorders (BlockL1-6A6)

6E61.2 **Secondary psychotic syndrome, with hallucinations and delusions**

A syndrome characterized by the presence of both prominent hallucinations and prominent delusions that is judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., an acute stress reaction in response to a life-threatening diagnosis). This category should be used in addition the diagnosis for the presumed underlying disorder or disease when the psychotic symptoms are sufficiently severe to warrant specific clinical attention.

Note: Code also the underlying condition

Exclusions: Delirium (6D70)

Mood disorders (BlockL1-6A6)

6E61.3 **Secondary psychotic syndrome, with unspecified symptoms**

Note: Code also the underlying condition

6E62 **Secondary mood syndrome**

A syndrome characterized by the presence of prominent mood symptoms (i.e., depression, elevated mood, irritability) judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., depressive symptoms in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the mood symptoms are sufficiently severe to warrant specific clinical attention.

Note: Code also the underlying condition

Exclusions: Adjustment disorder (6B43)

Delirium (6D70)

6E62.0 Secondary mood syndrome, with depressive symptoms

A syndrome characterized by the presence of prominent depressive symptoms such as persistently depressed mood, loss of interest in previously enjoyable activities, or signs such as tearful and downtrodden appearance that is judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., depressive symptoms in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the mood symptoms are sufficiently severe to warrant specific clinical attention.

Note: Code also the underlying condition

Exclusions: Adjustment disorder (6B43)

Delirium (6D70)

6E62.1 Secondary mood syndrome, with manic symptoms

A syndrome characterized by the presence of prominent manic symptoms such as elevated, euphoric, irritable, or expansive mood states, rapid changes among different mood states (i.e., mood lability), or increased energy or activity that is judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders based on evidence from the history, physical examination, or laboratory findings.

Note: Code also the underlying condition

Inclusions: mood syndrome due to disorders or diseases not classified under Mental and behavioural disorders, with manic symptoms

Exclusions: Adjustment disorder (6B43)

Delirium (6D70)

6E62.2 **Secondary mood syndrome, with mixed symptoms**

A syndrome characterized by the presence of both manic and depressive symptoms, either occurring together or alternating from day to day or over the course of a day that is judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders based on evidence from the history, physical examination, or laboratory findings. Manic symptoms may include elevated, euphoric, irritable, or expansive mood states, rapid changes among different mood states (i.e., mood lability), or increased energy or activity. Depressive symptoms may include persistently depressed mood, loss of interest in previously enjoyable activities, or signs such as tearful or downtrodden appearance. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., depressive symptoms in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the mood symptoms are sufficiently severe to warrant specific clinical attention.

Note: Code also the underlying condition

Exclusions: Adjustment disorder (6B43)

Delirium (6D70)

6E62.3 **Secondary mood syndrome, with unspecified symptoms**

Note: Code also the underlying condition

Exclusions: Adjustment disorder (6B43)

Delirium (6D70)

6E63 **Secondary anxiety syndrome**

A syndrome characterized by the presence of prominent anxiety symptoms judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., anxiety symptoms or panic attacks in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the anxiety symptoms are sufficiently severe to warrant specific clinical attention.

Note: Code also the underlying condition

Exclusions: Adjustment disorder (6B43)

Delirium (6D70)

6E64 **Secondary obsessive-compulsive or related syndrome**

A syndrome characterized by the presence of prominent obsessions, compulsions, preoccupations with appearance, hoarding, skin picking, hair pulling, other body-focused repetitive behaviors, or other symptoms characteristic of obsessive-compulsive and related disorder that is judged to be the direct pathophysiological consequence of a disorder or disease not classified under Mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by Delirium or by another Mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., repetitive ruminations in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the obsessive-compulsive or related symptoms are sufficiently severe to warrant specific clinical attention.

Note: Code also the underlying condition

Exclusions: Delirium (6D70)

Obsessive-compulsive or related disorder induced by other specified psychoactive substance (6C4E.72)

6E65 **Secondary dissociative syndrome**

A syndrome characterized by the presence of prominent dissociative symptoms (e.g., depersonalization, derealization) that is judged to be the direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., as part of an acute stress reaction in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the dissociative symptoms are sufficiently severe to warrant specific clinical attention.

Note: Code also the underlying condition

Exclusions: Delirium (6D70)

Acute stress reaction (QE84)

6E66 **Secondary impulse control syndrome**

A syndrome characterized by the presence of prominent symptoms of disordered impulse control (e.g., excessive gambling, stealing, fire-setting, aggressive outburst, compulsive sexual behavior) that is judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., as part of an adjustment disorder in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the impulse control symptoms are sufficiently severe to warrant specific clinical attention.

Note: Code also the underlying condition

Exclusions: Delirium (6D70)

6E67 **Secondary neurocognitive syndrome**

A syndrome that involves significant cognitive features that do not fulfill the diagnostic requirements of any of the specific neurocognitive disorders and are judged to be a direct pathophysiological consequence of a health condition or injury not classified under mental and behavioural disorders (e.g., cognitive changes due to a brain tumor), based on evidence from the history, physical examination, or laboratory findings. This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the cognitive symptoms are sufficiently severe to warrant specific clinical attention.

Note: Code also the underlying condition

Exclusions: Disorders with neurocognitive impairment as a major feature (BlockL1-8A2)

Coded Elsewhere: Delirium (6D70)

6E68 **Secondary personality change**

A syndrome characterized by a persistent personality disturbance that represents a change from the individual's previous characteristic personality pattern that is judged to be a direct pathophysiological consequence of a health condition not classified under Mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., social withdrawal, avoidance, or dependence in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the personality symptoms are sufficiently severe to warrant specific clinical attention.

Note: Code also the underlying condition

Exclusions: Personality difficulty (QE50.7)

Personality disorder (6D10)

Delirium (6D70)

6E69 **Secondary catatonia syndrome**

Secondary catatonia syndrome is a marked disturbance in the voluntary control of movements judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., an acute stress reaction in response to a life-threatening diagnosis). Secondary catatonia syndrome is characterized by several of the following: extreme slowing or absence of motor activity, mutism, purposeless motor activity unrelated to external stimuli, assumption and maintenance of rigid, unusual or bizarre postures, resistance to instructions or attempts to be moved, or automatic compliance with instructions.

Note: Use additional code, if desired, for any underlying disorder if known.

6E6Y **Other specified secondary mental or behavioural syndrome**

Note: Code also the underlying condition

6E6Z **Secondary mental or behavioural syndrome, unspecified**

Note: Code also the underlying condition

6E8Y **Other specified mental, behavioural or neurodevelopmental disorders**

6E8Z **Mental, behavioural or neurodevelopmental disorders, unspecified**

CHAPTER 07

Sleep-wake disorders

This chapter has 42 four-character categories.

Code range starts with 7A00

This chapter contains the following top level blocks:

- Insomnia disorders
- Hypersomnolence disorders
- Sleep-related breathing disorders
- Circadian rhythm sleep-wake disorders
- Sleep-related movement disorders
- Parasomnia disorders

Insomnia disorders (BlockL1-7A0)

Insomnia disorders are characterized by the complaint of persistent difficulty with sleep initiation, duration, consolidation, or quality that occurs despite adequate opportunity and circumstances for sleep, and results in some form of daytime impair¬ment. Daytime symptoms typically include fatigue, decreased mood or irritability, general malaise, and cognitive impairment. Individuals who report sleep related symptoms in the absence of daytime impairment are not regarded as having an insomnia disorder.

7A00 **Chronic insomnia**

Chronic insomnia disorder is a frequent and persistent difficulty initiating or maintaining sleep that occurs despite adequate opportunity and circumstances for sleep and that results in general sleep dissatisfaction and some form of daytime impairment. Daytime symptoms typically include fatigue, decreased mood or irritability, general malaise, and cognitive impairment. The sleep disturbance and associated daytime symptoms occur at least several times per week and are associated with daytime symptoms that have been present for at least several months. Some individuals with chronic insomnia may show a more episodic course, with recurrent episodes of sleep/wake difficulties lasting several weeks at a time over several years. Individuals who report sleep related symptoms in the absence of daytime impairment are not regarded as having an insomnia disorder. If the insomnia is due to another sleep-wake disorder, a mental disorder, another medical condition, or a substance or medication, chronic insomnia should only be diagnosed if the insomnia is an independent focus of clinical attention.

7A01 **Short-term insomnia**

Short-term insomnia disorder is characterized by difficulty ini¬tiating or maintaining sleep that occurs despite adequate opportunity and circumstances for sleep and that has lasted for less than 3 months duration that results in general sleep dissatisfaction and some form of daytime impairment. Daytime symptoms typically include fatigue, decreased mood or irritability, general malaise, and cognitive impairment. Individuals who report sleep related symptoms in the absence of daytime impairment are not regarded as having an insomnia disorder. If the insomnia is due to another sleep-wake disorder, a mental disorder, another medical condition, or a substance or medication, chronic insomnia should only be diagnosed if the insomnia is an independent focus of clinical attention. Insomnia attributable to use of substances or medications should be diagnosed as substance-induced insomnia according to the particular substance involved.

7A0Z **Insomnia disorders, unspecified**

Hypersomnolence disorders (BlockL1-7A2)

7A20 **Narcolepsy**

7A20.0 Narcolepsy, Type 1

7A20.1 Narcolepsy, Type 2

Narcolepsy without cataplexy is a sleep disorder characterized by excessive day-time sleepiness associated with uncontrollable sleep urges and sometimes paralysis at sleep, hypnagogic hallucinations and automatic behavior.

7A20.Z Narcolepsy, unspecified

7A21 **Idiopathic hypersomnia**

Idiopathic hypersomnia is a sleep disorder classified in two forms: idiopathic hypersomnia with long sleep time and idiopathic hypersomnia without long sleep time.

7A22 **Kleine-Levin syndrome**

Kleine-Levin syndrome is a rare neurological disorder of unknown origin characterised by relapsing-remitting episodes of hypersomnia in association with cognitive and behavioural disturbances.

Inclusions: recurrent hypersomnolence

7A23 **Hypersomnia due to a medical condition**

7A24 **Hypersomnia due to a medication or substance**

Inclusions: Hypersomnia due to substances including medications

7A25 **Hypersomnolence associated with a mental disorder**

7A26 **Insufficient sleep syndrome**

Inclusions: Behaviourally induced hypersomnia

Exclusions: Narcolepsy, Type 2 (7A20.1)

Narcolepsy (7A20)

7A2Y **Other specified hypersomnolence disorders**

7A2Z **Hypersomnolence disorders, unspecified**

Sleep-related breathing disorders (BlockL1-7A4)

Exclusions: Apnoea of newborn (KB2A)

Coded Elsewhere: Sleep related Cheyne-Stokes respiration (MD11.4)

7A40 **Central sleep apnoeas**

Exclusions: Central neonatal apnoea (KB2A.0)

7A40.0 Primary central sleep apnoea

Exclusions: Primary central sleep apnoea of infancy (7A40.1)

Primary central sleep apnoea of prematurity (7A40.2)

7A40.1 Primary central sleep apnoea of infancy

A paediatric condition characterized by an unexplained episode of cessation of breathing for 20 seconds or longer, or a shorter respiratory pause associated with bradycardia, cyanosis, pallor, and/or marked hypotonia, in an infant.

Exclusions: Primary central sleep apnoea of prematurity (7A40.2)

7A40.2 Primary central sleep apnoea of prematurity

Inclusions: Primary sleep apnea of prematurity

7A40.3 Central sleep apnoea due to a medical condition with Cheyne-Stokes breathing

Inclusions: Certain specified central sleep apneas with Cheynes-Stokes respiration

7A40.4 Central sleep apnoea due to a medical condition without Cheyne-Stokes breathing

Inclusions: Certain specified central sleep apneas without Cheynes-Stokes respiration

7A40.5 Central sleep apnoea due to high-altitude periodic breathing

7A40.6 Central sleep apnoea due to a medication or substance

7A40.7 Treatment-emergent central sleep apnoea

7A40.Y Other specified central sleep apnoeas

7A40.Z Central sleep apnoeas, unspecified

7A41 Obstructive sleep apnoea

Characterised by repetitive episodes of complete (apnoea) or partial (hypopnoea) upper airway obstruction occurring during sleep. These events often result in reductions in blood oxygen saturation and are usually terminated by brief arousals from sleep.

Exclusions: Obstructive neonatal apnoea (KB2A.1)

7A42 Sleep-related hypoventilation or hypoxemia disorders

Sleep related hypoventilation disorders are characterized by an abnormal increase in the arterial PCO2(PaCO2) during sleep.

7A42.0 Obesity hypoventilation syndrome

Extreme obesity associated with alveolar hypoventilation; a Pickwickian syndrome“[1] is a breathing disorder that affects some obese people. Poor breathing results in too much carbon dioxide (hypoventilation) and too little oxygen in the blood (hypoxemia). These changes can lead to serious health problems, such as leg edema, pulmonary hypertension, cor pulmonale, and secondary erythrocytosis(Obesity hypoventilation syndrome :OHS). If left untreated, OHS can even be fatal. Many people who have OHS also have obstructive sleep apnea. [2]

The central features of OHS, as currently accepted, include obesity (BMI >30 kg/m2), chronic alveolar hypoventilation leading to daytime hypercapnia and hypoxia (PaCO2 >45 mm Hg and PaO2 < 70 mm Hg), and sleep-disordered breathing. Essential to the diagnosis is exclusion of other causes of alveolar hypoventilation such as severe obstructive or restrictive pulmonary disease, significant kyphoscoliosis, severe hypothyroidism, neuromuscular diseases, or other central hypoventilation syndromes.[3]

Inclusions: Pickwickian syndrome

7A42.1 Congenital central alveolar sleep-related hypoventilation

7A42.2 Late onset central hypoventilation with hypothalamic abnormalities

7A42.3 Idiopathic central alveolar hypoventilation

7A42.4 Sleep-related hypoventilation due to a medication or substance

7A42.5 Sleep-related hypoventilation due to medical condition

Sleep related hypoventilation due to lung parenchymal or airway disease, pulmonary vascular pathology, chest wall disorder, neurologic disorder, or muscle weakness is believed to be the primary cause of hypoventilation. Hypoventilation is not primarily due to obesity hypoventilation syndrome, medication use, or a known congenital central alveolar hypoventilation syndrome.

Exclusions: Obesity hypoventilation syndrome (7A42.0)

Congenital central alveolar sleep-related hypoventilation (7A42.1)

7A42.6 Sleep-related hypoxemia

7A42.Y Other specified sleep-related hypoventilation or hypoxemia disorders

7A42.Z Sleep-related hypoventilation or hypoxemia disorders, unspecified

7A4Y **Other specified sleep-related breathing disorders**

7A4Z **Sleep-related breathing disorders, unspecified**

Circadian rhythm sleep-wake disorders (BlockL1-7A6)

Circadian rhythm sleep-wake disorders are disturbances of the sleep-wake cycle (typically manifest as insomnia, excessive sleepiness, or both) due to alterations of the circadian time-keeping system, its entrainment mechanisms, or a misalignment of the endogenous circadian rhythm and the external environment.

Inclusions: Delayed sleep phase syndrome

Irregular sleep-wake pattern

7A60 **Delayed sleep-wake phase disorder**

Delayed sleep-wake phase disorder is a recurrent pattern of disturbance of the sleep-wake schedule characterized by persistent delay in the major sleep period compared to conventional or desired sleep times. The disorder results in difficulty falling asleep and difficulty awakening at desired or required times. When sleep is allowed to occur on the delayed schedule, it is essentially normal in quality and duration. The condition results in significant distress or mental, physical, social, occupational or academic impairment.

7A61 **Advanced sleep-wake phase disorder**

Advanced sleep-wake phase disorder is a recurrent pattern of disturbance of the sleep-wake schedule characterized by persistent advance (to an earlier time) of the major sleep period compared to conventional or desired sleep times. The disorder results in evening sleepiness (prior to the desired bedtime) and awakening earlier than the desired or required times. When sleep is allowed to occur on the advanced schedule, it is essentially normal in quality and duration. The condition results in significant distress or mental, physical, social, occupational or academic impairment.

7A62 **Irregular sleep-wake rhythm disorder**

Irregular sleep-wake rhythm disorder is characterized by absence of a clearly-defined cycle of sleep and wake. Sleep becomes distributed in multiple episodes of variable duration throughout the 24-hour period. Patients typically complain of insomnia and/or excessive daytime sleepiness as a result of the condition.

7A63 **Non-24 hour sleep-wake rhythm disorder**

Non-24 hour sleep-wake rhythm disorder is characterized by periods of insomnia and/or daytime sleepiness, alternating with periods of relatively normal sleep, due to a lack of entrainment of the circadian clock to the 24-hour environmental cycle. The period length of the circadian/sleep-wake cycle may be shorter or, more typically, longer than 24 hours. Symptoms occur as the circadian-controlled sleep-wake propensity cycles in and out of phase with the environmental day-night cycle.

7A64 **Circadian rhythm sleep-wake disorder, shift work type**

Circadian rhythm sleep-wake disorder, shift work type is characterized by complaints of insomnia and/or excessive sleepiness that occur as a result of work shifts that overlap with all or a portion of conventional nighttime sleep periods. The disorder is also typically associated with a reduction in total sleep time.

7A65 **Circadian rhythm sleep-wake disorder, jet lag type**

Circadian rhythm sleep-wake disorder, jet lag type is characterized by a temporary mismatch between the timing of the sleep and wake cycle generated by the endogenous circadian clock and that of the sleep and wake pattern required by a change in time zone. Individuals complain of disturbed sleep, sleepiness and fatigue, and impaired daytime function. The severity and duration of symptoms is dependent on the number of time zones traveled, the ability to sleep while traveling, exposure to appropriate circadian times cues in the new environment, tolerance to circadian misalignment when awake during the biological night, and the direction of the travel.

7A6Z **Circadian rhythm sleep-wake disorders, unspecified**

Sleep-related movement disorders (BlockL1-7A8)

This is a group of movement disorders which normally occur at night when the patient is at rest and/or during sleep. These disorders involve relatively simple, non-purposeful and usually stereotyped movements.

Coded Elsewhere: REM sleep behaviour disorder (7B01.0)

7A80 **Restless legs syndrome**

7A81 **Periodic limb movement disorder**

Movement disorder characterised by recurrent episodes of repetitive limb movements due to muscle contractions during sleep. Up to 90% of patients with Restless legs syndrome have simple stereotyped non-volitional movements of the lower limbs during sleep. Polysomnography with surface EMG is the gold standard for diagnosis.

7A82 **Sleep-related leg cramps**

Leg cramps are painful contractions of muscles of the leg or foot with resultant tightness or hardness. They occur most frequently at night, waking the patient from sleep and are generally helped by stretching the affected muscle, often by standing.

7A83 **Sleep-related bruxism**

In sleep-related bruxism there is tonic contraction of the masseter muscles lasting at least 2 seconds, or trains of rhythmic masseter contraction at about 1 Hz. It is seen most frequently in light non-REM (NREM) sleep but may occur in any stage. The consequences may include damage to the teeth, jaw discomfort, fatigue or pain or temporal headaches on wakening.

7A84 **Sleep-related rhythmic movement disorder**

The movements of rhythmic movement disorder (RMD) consist of stereotyped contractions of large muscle groups at 0.5 Hz to 2 Hz during drowsiness or sleep. In order for the movements to be classified as a disorder, they must cause interference with normal sleep, impairment in daytime functioning, or bodily injury. RMD is common in infancy and early childhood.

7A85 **Benign sleep myoclonus of infancy**

Benign sleep myoclonus in infancy is a disorder of quiet sleep, which occurs from the first day of life up to age 3 years. Its main features are rhythmic myoclonic jerks when drowsy or asleep, which stop if the child is woken, and normal encephalograms during or after the episodes.

7A86 **Propriospinal myoclonus at sleep onset**

7A87 **Sleep-related movement disorder due to a medical conditoin**

Sleep-related movement disorders are known to occur secondary to various medical conditions such as iron deficiency, pregnancy, end-stage renal disease, and neuropathy. These usually occur later in the life and in the absence of a family history of Sleep-related movement disorder.

Note: Code also the underlying condition

7A88 **Sleep-related movement disorder due to a medication or substance**

7A8Y **Other specified sleep-related movement disorders**

7A8Z **Sleep-related movement disorders, unspecified**

Parasomnia disorders (BlockL1-7B0)

Undesirable physical events or experiences that occurs during entry into sleep, within sleep, or during arousal from sleep.

7B00 **Disorders of arousal from non-REM sleep**

7B00.0 Confusional arousals

7B00.1 Sleepwalking disorder

A state of altered consciousness in which phenomena of sleep and wakefulness are combined. During a sleepwalking episode the individual arises from bed, usually during the first third of nocturnal sleep, and walks about, exhibiting low levels of awareness, reactivity, and motor skill. Upon awakening, there is usually no recall of the event.

7B00.2 Sleep terrors

Nocturnal episodes of extreme terror and panic associated with intense vocalization, motility, and high levels of autonomic discharge. The individual sits up or gets up, usually during the first third of nocturnal sleep, with a panicky scream. Quite often he or she rushes to the door as if trying to escape, although very seldom leaves the room. Recall of the event, if any, is very limited (usually to one or two fragmentary mental images).

7B00.3 **Sleep-related eating disorder**

7B00.Y **Other specified disorders of arousal from non-REM sleep**

7B00.Z **Disorders of arousal from non-REM sleep, unspecified**

7B01 Parasomnias related to REM sleep

7B01.0 **REM sleep behaviour disorder**

Rapid eye movement (REM) sleep behavior disorder (RBD) is characterized by a loss of normal muscle tone during REM sleep and motor activity associated with dream content. RBD constitutes an increased risk of developing neurodegenerative diseases, such as multiple system atrophy (MSA), Parkinson disease (PD), and dementia with Lewy bodies (DLB).

7B01.1 **Recurrent isolated sleep paralysis**

7B01.2 **Nightmare disorder**

Dream experiences loaded with anxiety or fear. There is very detailed recall of the dream content. The dream experience is very vivid and usually includes themes involving threats to survival, security, or self-esteem. Quite often there is a recurrence of the same or similar frightening nightmare themes. During a typical episode there is a degree of autonomic discharge but no appreciable vocalization or body motility. Upon awakening the individual rapidly becomes alert and oriented.

Inclusions: Dream anxiety disorder

7B01.Y **Other specified parasomnias related to REM sleep**

7B01.Z **Parasomnias related to REM sleep, unspecified**

7B02 Other parasomnias

Coded Elsewhere: Nocturnal enuresis (6C00.0)

7B02.0 **Hypnogogic exploding head syndrome**

Inclusions: Hypnogogic sensory disturbance

7B02.1 **Sleep-related hallucinations**

7B02.2 **Parasomnia disorder due to a medical condition**

7B02.3 **Parasomnia disorder due to a medication or substance**

7B0Y Other specified parasomnia disorders

7B0Z Parasomnia disorders, unspecified

7B2Y Other specified sleep-wake disorders

7B2Z Sleep-wake disorders, unspecified

CHAPTER 17

Conditions related to sexual health

This chapter has 15 four-character categories.

Code range starts with HA00

Coded Elsewhere: Changes in female genital anatomy
Changes in male genital anatomy
Paraphilic disorders (6D30-6D3Z)
Adrenogenital disorders (5A71)
Predominantly sexually transmitted infections (1A60-1A9Z)
Contact with health services for contraceptive management (QA21)

This chapter contains the following top level blocks:

- Sexual dysfunctions
- Sexual pain disorders
- Gender incongruence
- Changes in female genital anatomy
- Changes in male genital anatomy

Sexual dysfunctions (BlockL1-HA0)

Sexual Dysfunctions are syndromes that comprise the various ways in which adult people may have difficulty experiencing personally satisfying, non-coercive sexual activities. Sexual response is a complex interaction of psychological, interpersonal, social, cultural and physiological processes and one or more of these factors may affect any stage of the sexual response. In order to be considered a sexual dysfunction, the dysfunction must: 1) occur frequently, although it may be absent on some occasions; 2) have been present for at least several months; and 3) be associated with clinically significant distress.

Coded Elsewhere: Sexual dysfunction associated with pelvic organ prolapse (GC42)

HA00 **Hypoactive sexual desire dysfunction**

Hypoactive Sexual Desire Dysfunction is characterized by absence or marked reduction in desire or motivation to engage in sexual activity as manifested by any of the following: 1) reduced or absent spontaneous desire (sexual thoughts or fantasies); 2) reduced or absent responsive desire to erotic cues and stimulation; or 3) inability to sustain desire or interest in sexual activity once initiated. The pattern of diminished or absent spontaneous or responsive desire or inability to sustain desire or interest in sexual activity has occurred episodically or persistently over a period at least several months, and is associated with clinically significant distress.

HA00.0 **Hypoactive sexual desire dysfunction, lifelong, generalised**

The person has always experienced hypoactive sexual desire dysfunction from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA00.1 **Hypoactive sexual desire dysfunction, lifelong, situational**

The person has always experienced hypoactive sexual desire dysfunction, from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA00.2 **Hypoactive sexual desire dysfunction, acquired, generalised**

The onset of hypoactive sexual desire dysfunction has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA00.3 **Hypoactive sexual desire dysfunction, acquired, situational**

The onset of hypoactive sexual desire dysfunction has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA00.Z **Hypoactive sexual desire dysfunction, unspecified**

HA01 Sexual arousal dysfunctions

Sexual arousal dysfunctions include difficulties with the physiological or the subjective aspects of sexual arousal.

HA01.0 **Female sexual arousal dysfunction**

Female sexual arousal dysfunction is characterized by absence or marked reduction in response to sexual stimulation in women, as manfested by any of the following: 1) Absence or marked reduction in genital response, including vulvovaginal lubrication, engorgement of the genitalia, and sensitivity of the genitalia; 2) Absence or marked reduction in non-genital responses such as hardening of the nipples, flushing of the skin, increased heart rate, increased blood pressure, and increased respiration rate; 3) Absence or marked reduction in feelings of sexual arousal (sexual excitement and sexual pleasure) from any type of sexual stimulation. The absence or marked reduction in response to sexual stimulation occurs despite the desire for sexual activity and adequate sexual stimulation, has occurred episodically or persistently over a period at least several months, and is associated with clinically significant distress.

HA01.00 Female sexual arousal dysfunction, lifelong, generalised

The person has always experienced female sexual arousal dysfunction from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA01.01 Female sexual arousal dysfunction, lifelong, situational

The person has always experienced female sexual arousal dysfunction from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA01.02 Female sexual arousal dysfunction, acquired, generalised

The onset of female sexual arousal dysfunction has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA01.03 Female sexual arousal dysfunction, acquired, situational

The onset of female sexual arousal dysfunction has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA01.0Z Female sexual arousal dysfunction, unspecified

HA01.1 **Male erectile dysfunction**

Male erectile dysfunction is characterized by inability or marked reduction in the ability in men to attain or sustain a penile erection of sufficient duration or rigidity to allow for sexual activity. The pattern of erectile difficulty occurs despite the desire for sexual activity and adequate sexual stimulation, has occurred episodically or persistently over a period at least several months, and is associated with clinically significant distress.

Note: Code also the underlying condition

HA01.10 Male erectile dysfunction, lifelong, generalised

The person has always experienced male erectile dysfunction from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA01.11 Male erectile dysfunction, lifelong, situational

The person has always experienced male erectile dysfunction from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA01.12 Male erectile dysfunction, acquired, generalised

The onset of male erectile dysfunction has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA01.13 Male erectile dysfunction, acquired, situational

The onset of male erectile dysfunction has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situation

HA01.1Z Male erectile dysfunction, unspecified

Note: Code also the underlying condition

HA01.Y **Other specified sexual arousal dysfunctions**

HA01.Z **Sexual arousal dysfunctions, unspecified**

HA02 Orgasmic dysfunctions

Orgasmic dysfunctions refer to difficulties related to the subjective experience of orgasm.

HA02.0 **Anorgasmia**

Anorgasmia is characterized by the absence or marked infrequency of the orgasm experience or markedly diminished intensity of orgasmic sensations. In women, this includes a marked delay in orgasm, which in men would be diagnosed as Male Delayed Ejaculation. The pattern of absence, delay, or diminished frequency or intensity of orgasm occurs despite adequate sexual stimulation, including the desire for sexual activity and orgasm, has occurred episodically or persistently over a period at least several months, and is associated with clinically significant distress.

Inclusions: Psychogenic anorgasmy

HA02.00 Anorgasmia, lifelong, generalised

The person has always experienced anorgasmia from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA02.01 Anorgasmia, lifelong, situational

The person has always experienced anorgasmia from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA02.02 Anorgasmia, acquired, generalised

The onset of anorgasmia has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA02.03 Anorgasmia, acquired, situational

The onset of anorgasmia has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA02.0Z Anorgasmia, unspecified

HA02.Y **Other specified orgasmic dysfunctions**

HA02.Z **Orgasmic dysfunctions, unspecified**

HA03 Ejaculatory dysfunctions

Ejaculatory dysfunctions refer to difficulties with ejaculation in men, including ejaculatory latencies that are experienced as too short (Male early ejaculation) or too long (Male delayed ejaculation).

Coded Elsewhere: Retrograde ejaculation (MF40.3)

HA03.0 Male early ejaculation

Male early ejaculation is characterized by ejaculation that occurs prior to or within a very short duration of the initiation of vaginal penetration or other relevant sexual stimulation, with no or little perceived control over ejaculation. The pattern of early ejaculation has occurred episodically or persistently over a period at least several months, and is associated with clinically significant distress.

HA03.00 Male early ejaculation, lifelong, generalised

The person has always experienced early ejaculation from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA03.01 Male early ejaculation, lifelong, situational

The person has always experienced early ejaculation from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA03.02 Male early ejaculation, acquired, generalised

The onset of early ejaculation has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA03.03 Male early ejaculation, acquired, situational

The onset of early ejaculation has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA03.0Z Male early ejaculation, unspecified

HA03.1 Male delayed ejaculation

Male delayed ejaculation is characterized by an inability to achieve ejaculation or an excessive or increased latency of ejaculation, despite adequate sexual stimulation and the desire to ejaculate. The pattern of delayed ejaculation has occurred episodically or persistently over a period at least several months, and is associated with clinically significant distress.

HA03.10 Male delayed ejaculation, lifelong, generalised

The person has always experienced delayed ejaculation from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA03.11 Male delayed ejaculation, lifelong, situational

The person has always experienced delayed ejaculation from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA03.12 Male delayed ejaculation, acquired, generalised

The onset of delayed ejaculation has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA03.13 Male delayed ejaculation, acquired, situational

The onset of delayed ejaculation has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA03.1Z Male delayed ejaculation, unspecified

HA03.Y Other specified ejaculatory dysfunctions

HA03.Z Ejaculatory dysfunctions, unspecified

HA0Y **Other specified sexual dysfunctions**

HA0Z **Sexual dysfunctions, unspecified**

Sexual pain disorders (BlockL1-HA2)

Sexual pain disorders refer to marked and persistent or recurrent difficulties related to the experience of pain during sexual activity in adult people, which are not entirely attributable to an underlying medical condition, insufficient lubrication in women, age-related changes, or changes associated with menopause in women and are associated with clinically significant distress.

Inclusions: Psychogenic dyspareunia

Coded Elsewhere: Dyspareunia (GA12)

HA20 **Sexual pain-penetration disorder**

Sexual pain-penetration disorder is characterized by at least one of the following: 1) marked and persistent or recurrent difficulties with penetration, including due to involuntary tightening or tautness of the pelvic floor muscles during attempted penetration; 2) marked and persistent or recurrent vulvovaginal or pelvic pain during penetration; 3) marked and persistent or recurrent fear or anxiety about vulvovaginal or pelvic pain in anticipation of, during, or as a result of penetration. The symptoms are recurrent during sexual interactions involving or potentially involving penetration, despite adequate sexual desire and stimulation, are not entirely attributable to a medical condition that adversely affects the pelvic area and results in genital and/or penetrative pain or to a mental disorder, are not entirely attributable to insufficient vaginal lubrication or post-menopausal/ age-related changes, and are associated with clinically significant distress.

Exclusions: Dyspareunia (GA12)

Pain related to vulva, vagina or pelvic floor (GA34.0)

HA20.0 Sexual pain-penetration disorder, lifelong, generalised

The person has always experienced genito-pelvic pain or penetration disorder from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA20.1 Sexual pain-penetration disorder, lifelong, situational

The person has always experienced genito-pelvic pain or penetration disorder from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA20.2 Sexual pain-penetration disorder, acquired, generalised

The onset of genito-pelvic pain or penetration disorder has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA20.3 Sexual pain-penetration disorder, acquired, situational

The onset of genito-pelvic pain or penetration disorder has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA20.Z Sexual pain-penetration disorder, unspecified

HA2Y **Other specified sexual pain disorders**

HA2Z **Sexual pain disorders, unspecified**

HA40 **Aetiological considerations in sexual dysfunctions and sexual pain disorders**

HA40.0 Associated with a medical condition, injury, or the effects of surgery or radiation treatment

This category should be assigned when there is evidence that an underlying or co-occurring health condition, including hormonal, neurological, and vascular conditions, injuries, and consequences of surgical or radiation treatment is an important contributing factor to a Sexual Dysfunction or a Sexual Pain Disorder. In such cases, the diagnosis corresponding to the underlying or co-occurring health condition should also be assigned. However, underlying or contributory mental disorders should be noted using the qualifier 'Associated with psychological and behavioural factors, including mental disorders', rather than using with this category.

HA40.1 Associated with psychological or behavioural factors, including mental disorders

This category should be assgned when psychological and behavioural factors or symptoms are important contributing factors to the Sexual Dysfunction or Sexual Pain Disorder. Examples include low self-esteem, negative attitudes toward sexual activity, adverse past sexual experiences, and behavioural patterns such as poor sleep hygiene and overwork. Depressive, anxiety, or cognitive symptoms as well as other symptoms of Mental, Behavioural, or Neurodevelopmental Disorders may also interfere with sexual functioning. If the symptoms reach the level of constituting a diagnosable Mental and Behavioural Disorder and the Sexual Dysfunction or Sexual Pain Disorder is an independent focus of clinical attention, this category should be used and the appropriate Mental and Behavioural Disorder diagnosis should also be assigned. However, underlying or contributory Disorders Due to Substance Use should be noted using the category 'Associated with use of psychoactive substance or medication', rather than using this category.

HA40.2 Associated with use of psychoactive substance or medication

This category should be assigned when there is evidence that the direct physiological effects of a psychoactive substance or medication are an important contributing factor to the Sexual Dysfunction or Sexual Pain Disorder. Examples include selective serotonin reuptake inhibitors, histamine-2 receptor antagonists (e.g., cimetidine), alcohol, opioids, and amphetamines. If the diagnostic requirements for a Disorder Due to Substance Use are met, the appropriate Disorder Due to Substance Use diagnosis should also be assigned.

HA40.3 Associated with lack of knowledge or experience

This category should be assigned when, in the clinician's judgment, the individual's lack of knowledge or experience of her or his own body, sexual functioning, and sexual response is an important contributing factor to the Sexual Dysfunction or Sexual Pain Disorder. This includes inaccurate information or myths about sexual functioning.

HA40.4 **Associated with relationship factors**

his category should be assigned when, in the clinician's judgment, relationship factors are important contributing factors to the Sexual Dysfunction or Sexual Pain Disorder. Examples include relationship conflict or lack of romantic attachment. This category may also be used when the Sexual Dysfunction or Sexual Pain Disorder is associated with a Sexual Dysfunction or Sexual Pain Disorder in the sexual partner.

HA40.5 **Associated with cultural factors**

This category should be assigned when, in the clinician's judgment, cultural factors are important contributing factors to the Sexual Dysfunction or Sexual Pain Disorder. Cultural factors may influence expectations or provoke inhibitions about the experience of sexual pleasure or other aspects of sexual activity. Other examples include strong culturally shared beliefs about sexual expression, for example a belief that loss of semen can lead to weakness, disease or death.

HA40.Y **Other specified aetiological considerations in sexual dysfunctions and sexual pain disorders**

Gender incongruence (BlockL1-HA6)

Gender incongruence is characterized by a marked and persistent incongruence between an individual's experienced gender and the assigned sex. Gender variant behaviour and preferences alone are not a basis for assigning the diagnoses in this group.

Exclusions: Paraphilic disorders (BlockL1-6D3)

HA60 **Gender incongruence of adolescence or adulthood**

Gender incongruence of adolescence and adulthood is characterized by a marked and persistent incongruence between an individual´s experienced gender and the assigned sex, as manifested by at least two of the following: 1) a strong dislike or discomfort with the one's primary or secondary sex characteristics (in adolescents, anticipated secondary sex characteristics) due to their incongruity with the experienced gender; 2) a strong desire to be rid of some or all of one's primary and/or secondary sex characteristics (in adolescents, anticipated secondary sex characteristics) due to their incongruity with the experienced gender; 3) a strong desire to have the primary and/or secondary sex characteristics of the experienced gender. The individual experiences a strong desire to be treated (to live and be accepted) as a person of the experienced gender. The experienced gender incongruence must have been continuously present for at least several months. The diagnosis cannot be assigned prior the onset of puberty. Gender variant behaviour and preferences alone are not a basis for assigning the diagnosis.

Exclusions: Paraphilic disorders (BlockL1-6D3)

HA61 **Gender incongruence of childhood**

Gender incongruence of childhood is characterized by a marked incongruence between an individual's experienced/expressed gender and the assigned sex in pre-pubertal children. It includes a strong desire to be a different gender than the assigned sex; a strong dislike on the child's part of his or her sexual anatomy or anticipated secondary sex characteristics and/or a strong desire for the primary and/or anticipated secondary sex characteristics that match the experienced gender; and make-believe or fantasy play, toys, games, or activities and playmates that are typical of the experienced gender rather than the assigned sex. The incongruence must have persisted for about 2 years. Gender variant behaviour and preferences alone are not a basis for assigning the diagnosis.

Exclusions: Paraphilic disorders (BlockL1-6D3)

HA6Z **Gender incongruence, unspecified**

HA8Y **Other specified conditions related to sexual health**

HA8Z **Conditions related to sexual health, unspecified**

CHAPTER V

Supplementary section for functioning assessment

This chapter has 73 four-character categories.

Code range starts with VA00

The section allows for creating functioning profiles and overall functioning scores of individuals, which are suitable to describe and quantify the level of functioning associated with a health conditions.

To guide functioning assessment, the section includes two ICF-based instruments developed by WHO: the WHO Disability Assessment Schedule (WHODAS 2.0 36-item version), and the Model Disability Survey (MDS).

This chapter contains the following top level blocks:

- WHODAS 2.0 36-item version
- Brief Model Disability Survey

WHODAS 2.0 36-item version (BlockL1-VA0)

!markdown

This subsection includes the domains and questions for use with the WHO Disability Assessment Schedule 2.0 (WHODAS 2.0) 36 item version. The WHODAS 2.0 captures an individual's level of functioning in six major life domains of the "activity and participation" dimension: cognition, mobility, self-care, getting along, life activities and participation in society. For all domains, the WHODAS 2.0 36-item version provides domain-specific and overall summary score of functioning.

The table below provides the classification of severity of the functioning problem, based on the response received to the question related to the relevant functioning category.

For coding, the relevant additional digit is added after the decimal point to the code of the relevant functioning category.

additional digit	Level of functioning problem
.0	None (no problem)
.1	Mild
.2	Moderate
.3	Severe
.4	Extreme or cannot do

Cognition (BlockL2-VA0)

VA00 **Attention functions**

Because of your health condition, in the past 30 days, how much difficulty did you have in concentrating on doing something for ten minutes?

VA01 **Memory functions**

Because of your health condition, in the past 30 days, how much difficulty did you have in remembering to do important things?

VA02 **Solving problems**

Because of your health condition, in the past 30 days, how much difficulty did you have in analysing and finding solutions to problems in day to day life?

VA03 **Basic learning**

Because of your health condition, in the past 30 days, how much difficulty did you have in learning a new task, for example, learning how to get a new place?

VA04 **Communicating with - receiving - spoken messages**

Because of your health condition, in the past 30 days, how much difficulty did you have in generally understanding what people say?

VA05 **Conversation**

Because of your health condition, in the past 30 days, how much difficulty did you have in starting and maintaining a conversation?

VA0Y **Other specified cognition**

VA0Z **Cognition, unspecified**

Mobility (BlockL2-VA1)

VA10 **Maintaining a standing position**

Because of your health condition, in the past 30 days, how much difficulty did you have in standing for long periods such as 30 minutes?

VA11 **Changing body position - standing**

Because of your health condition, in the past 30 days, how much difficulty did you have in standing up from sitting down?

VA12 **Moving around within the home**

Because of your health condition, in the past 30 days, how much difficulty did you have in moving around inside your home?

VA13 **Moving around around outside the home and other buildings**

Because of your health condition, in the past 30 days, how much difficulty did you have in getting out of your home?

VA14 **Walking**

Because of your health condition, in the past 30 days, how much difficulty did you have in walking a long distance such as a kilometre (or equivalent)?

VA1Y **Other specified mobility**

VA1Z **Mobility, unspecified**

Self-care WHODAS (BlockL2-VA2)

VA20 **Washing oneself**

Because of your health condition, in the past 30 days, how much difficulty did you have in washing your whole body?

VA21 **Dressing**

Because of your health condition, in the past 30 days, how much difficulty did you have in getting dressed?

VA22 **Eating**

Because of your health condition, in the past 30 days, how much difficulty did you have in eating?

VA23 **Carrying out daily routine**

Because of your health condition, in the past 30 days, how much difficulty did you have in staying by yourself for a few days?

VA2Y **Other specified self-care WHODAS**

VA2Z **Self-care WHODAS, unspecified**

Getting along (BlockL2-VA3)

VA30 **Relating with strangers**

Because of your health condition, in the past 30 days, how much difficulty did you have in dealing with people you do not know?

VA31 **Informal relationship with friends - maintaining**

Because of your health condition, in the past 30 days, how much difficulty did you have in maintaining a friendship?

VA32 **Family relationships**

Because of your health condition, in the past 30 days, how much difficulty did you have in getting along with people who are close to you?

VA33 **Informal relationship with friends - making new friends**

Because of your health condition, in the past 30 days, how much difficulty did you have in making new friends?

VA34 **Intimate relationships**

Because of your health condition, in the past 30 days, how much difficulty did you have in sexual activities?

VA3Y **Other specified getting along**

VA3Z **Getting along, unspecified**

Life activities (BlockL2-VA4)

VA40 **Taking care of household responsabilities**

Because of your health condition, in the past 30 days, how much difficulty did you have in taking care of your household responsibilities?

VA41 **Doing most important household tasks**

Because of your health condition, in the past 30 days, how much difficulty did you have in doing most important household tasks well?

VA42 **Doing housework**

VA42.0 Getting all needed housework done

Because of your health condition, in the past 30 days, how much difficulty did you have in getting all the household work done that you need to do?

VA42.1 Getting hosehold work done quickly

Because of your health condition, in the past 30 days, how much difficulty did you have in getting your household work done as quickly as needed?

VA42.Y Other specified doing housework

VA42.Z Doing housework, unspecified

VA43 **Remunerative employment**

VA43.0 Difficulties in daily work or school

Because of your health condition, in the past 30 days, how much difficulty did you have in your day to day work/school?

VA43.1 Doing most important work or school task

Because of your health condition, in the past 30 days, how much difficulty did you have in doing your most important work/school tasks well?

VA43.2 Getting all needed work or school work done

Because of your health condition, in the past 30 days, how much difficulty did you have in getting all the work done that you need to do?

VA43.3 Getting remunerative work or school work done quickly

Because of your health condition, in the past 30 days, how much difficulty did you have in getting your work done as quickly as needed?

VA43.Y Other specified remunerative employment

VA43.Z Remunerative employment, unspecified

VA4Y **Other specified life activities**

VA4Z **Life activities, unspecified**

Participation and impact of health problems (BlockL2-VA5)

VA50 **Recreation and leisure**

In the past 30 days, how much of a problem did you have in joining in community activities (for example: festivities, religious or other activities) in the same way as anyone else can?

VA51 **Problems by barriers**

In the past 30 days, how much of a problem did you have because of barriers or hindrances in the world around you?

VA52 **Human rights**

In the past 30 days, how much of a problem did you have living with dignity because of the attitudes and actions of others?

VA53 **Time spent on health condition**

In the past 30 days, how much time did you spend on your health condition, or its consequences?

VA54 **Emotional effect of health condition**

In the past 30 days, how much have you been emotionally affected by your health condition?

VA55 **Health drain on financial resources**

In the past 30 days, how much has your health been a drain on the financial resources of you or your family?

VA56 **Health problems causing family problems**

In the past 30 days, how much of a problem did your family have because of your health problems?

VA57 **Problems in relaxation or pleasure**

In the past 30 days, how much of a problem did you have in doing things by yourself for relaxation or pleasure?

VA5Y **Other specified participation and impact of health problems**

VA5Z **Participation and impact of health problems, unspecified**

VA7Y **Other specified WHODAS 2.0 36-item version**

VA7Z **WHODAS 2.0 36-item version, unspecified**

Brief Model Disability Survey (BlockL1-VA9)

This subsection includes the domains and questions for use with the WHO Model Disability Survey (MDS) brief version. The brief MDS includes body functions as well as activities and participation categories. The brief MDS allows to generate an overall summary score of functioning.

VA90 **Seeing and related functions**

How much difficulty do you have seeing things at a distance [without glasses]?

VA91 **Hearing and vestibular functions**

How much difficulty do you have hearing [without hearing aids]?

Mental functions (BlockL2-VB0)

Coded Elsewhere: Attention functions (VA00)
Memory functions (VA01)

VB00 **Energy and drive functions**

VB01 **Sleep functions**

VB02 **Emotional functions**

Sensory functions and pain (BlockL2-VB1)

Coded Elsewhere: Seeing and related functions (VA90)
Hearing and vestibular functions (VA91)

VB10 **Sensation of pain**

VB2Y **Other specified brief Model Disability Survey**

VB2Z **Brief Model Disability Survey, unspecified**

VB40 **Generic functioning domains**

This subsection contains a generic set of functioning categories of high explanatory power derived from the ICF Annex 9.

Coded Elsewhere: Learning and applying knowledge
Communication
Major life areas
Community, social and civic life
Mental functions (VB00-VB02)
Sensory functions and pain (VB10-VB10)

Voice and speech functions (BlockL2-VB6)

VB60 **Voice and speech related functions**

Functions of the cardiovascular, haematological, immunological and respiratory systems (BlockL2-VB7)

VB70 **Exercise tolerance functions**

Functions of the digestive, metabolic and endocrine systems (BlockL2-VB8)

VB80 **Functions related to the digestive system**

Genitourinary and reproductive functions (BlockL2-VB9)

VB90 **Urination functions**

VB91 **Sexual functions**

Neuromusculoskeletal and movement-related functions (BlockL2-VC0)

VC00 **Mobility of joint functions**

VC01 **Muscle power functions**

VB40.5 Functions of the skin and related structures

General tasks and demands (BlockL2-VC1)

Coded Elsewhere: Carrying out daily routine (VA23)

VC10 **Handling stress and other psychological demands**

Mobility (BlockL2-VC2)

Coded Elsewhere: Changing body position - standing (VA11)
Maintaining a standing position (VA10)
Walking (VA14)
Moving around within the home (VA12)

VC20 **Transferring oneself**

VC21 **Carrying, moving and handling objects**

VC22 **Moving around using equipment**

VC23 **Using transportation**

Self-care (BlockL2-VC3)

Coded Elsewhere: Washing oneself (VA20)
Dressing (VA21)
Eating (VA22)

VC30 **Caring for body parts**

VC31 **Toileting**

VC32 **Looking after one's health**

Domestic life (BlockL2-VC4)

Coded Elsewhere: Doing housework (VA42)
Taking care of household responsabilities (VA40)
Doing most important household tasks (VA41)

VC40 **Preparing meals**

VC41 **Assisting others**

Interpersonal interactions and relationships (BlockL2-VC5)

Coded Elsewhere: Relating with strangers (VA30)
Intimate relationships (VA34)

VC50 **Basic interpersonal interactions**

VB40.Y **Other specified generic functioning domains**

VB40.Z **Generic functioning domains, unspecified**